

PHILIPPINE AIR FORCE PROVIDENT FUND
LOAN APPLICATION
(TO BE FILLED OUT BY APPLICANT)

New Loan☐

Reloan☐

Renewal☐

(PLEASE FILL IN ALL THE SPACES PROVIDED)

| | | | | | | | |
|---|--|------------------|------------|---------------|--|--------------------------|------|
| FAMILY NAME | | | FIRST NAME | MIDDLE NAME | SEX | | AGE |
| | | | | | MALE | <input type="checkbox"/> | |
| | | | | | FEMALE | <input type="checkbox"/> | |
| PRESENT UNIT/ADDRESS (REQUIRED) | | | | RANK | STATUS: SINGLE <input type="checkbox"/> WIDOW <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> | | |
| | | | | SERIAL NO. | | | |
| HOME ADDRESS (Pls. Indicate the complete address) | | | | | LENGTH OF SERVICE | | UNIT |
| | | | | | | | |
| Tel Number/Local Nr | | Cellphone Number | | Date of Birth | Tax Identification Number (TIN) | | |
| | | | | | | | |

AUTHORIZATION FOR MONTHLY PAYROLL DEDUCTION

To Whom It May Concern:

THIS IS TO CERTIFY that I am authorizing the CO, PAFFC to deduct from my salaries/wages the monthly deduction in the amount of _____ pesos (P_____) representing payment for the approved Educational/ Hospitalization/ House Repair Loan from PAF Provident Fund.

Signature over Printed Name of Borrower
Military ID# _____
Civilian ID# _____

ENDORSED BY:

APPROVED BY:

Operations Officer, PAF Provident Fund

General Manager, PAF Provident Fund

REQUIREMENTS:

Please submit **1 ORIGINAL** and **1 PHOTO COPY** of **all** the requirements.

- Duly Accomplished Loan Application Form
- **Latest** Pay Slip
- Discipline, Law and Order (DLO) Clearance (**Purpose: PAF Provident Fund Loan**)
- Military ID/Civilian Employee ID with 3 Specimen Signature
- For **Married** Applicant Only: Attach photocopy of Spouse’s ID with 3 Specimen Signature

The Chairperson
PAF Provident Fund
Colonel Jesus Villamor Air Base
Pasay City

The undersigned wishes to apply for: Educational/ Hospitalization / House Repair Loan in the amount of _____ pesos
(P _____) payable in 12 months 24 months 36 months.

Truly yours,

Rank Name AFPSN
(Signature over Printed Name of Borrower)

Unit & Station

AUTHENTICATION

THIS IS TO CERTIFY that the loan applicant is a bonafide member of _____ is qualified to apply for the loan chosen above. (Unit)

Unit Commander
(Signature over Printed Name)

ENDORSED BY:

APPROVED BY:

Operations Officer, PAF Provident Fund

General Manager, PAF Provident Fund

PROMISSORY NOTE

KNOW ALL MEN BY THESE PRESENTS:

In consideration for the amount received of _____ pesos
(P _____) of which is hereby acknowledged as indebtedness to **PAF PROVIDENT FUND**.

I hereby undertake to pay the said institution or order herein-mentioned loan with 3% EIR interest per annum and payable in _____ months of equal installment effective _____ 20____. If the equal installment shall have not been collected or paid on due date, said unpaid installment shall earn surcharges of 1% interest compounded monthly until fully paid. Without further securing the payment of the said loan, the Commanding Officer, Philippine Air Force Finance Center as my attorney-in-fact in payment of said loan and is authorized to deduct and collect through his authorized agent the sum of principal with interest in the amount of _____ pesos
(P _____) from any of my monthly salary until said accounts shall have been fully paid.

It is my responsibility as borrower: 1) To monitor the status of the account: 2) To pay directly to PROVIDENT FUND in case CO, PAFFC failed to effect billing of my account payment may have been deferred and/or cut-off for whatever circumstances. I further agree that in the event of my separation from the service (AFP) or employment before full payment of the loan, I bind myself to pay in full any outstanding amount of this loan.

In case of court litigation, I also promise and agree to pay Attorney’s fee in the amount equivalent to 20% of the total account due and liquidated damages in the sub-equivalent to 10% of the total sum 30% payable as actual and consequential damages as maybe adjudges by the court including interest and submits myself to the jurisdiction of the court.

WITNESS my hand this _____ day of _____ 20____ at Headquarters, Philippine Air Force Finance Center, Colonel Jesus Villamor Air Base, Pasay City.

Signature over Printed Name of Borrower

Unit & Station

APPROVED / DISAPPROVED:

General Manager, PAF Provident Fund

MARITAL CONSENT

TO WHOM IT MAY CONCERN:

I, the undersigned, hereby authorize my spouse, _____ assigned at _____, to apply for _____ loan from PAF Provident Fund.

I acknowledge that the monthly payment for the said loan will be deducted from the monthly pay and allowances of my spouse.

Very truly yours,

Spouse
(Signature Over Printed Name)

CERTIFICATION

This certification is being issued to _____ in support to his/her application for _____
from the PAF Provident Fund. (Name of Borrower) (Type of Loan)

Unit Commander
(Signature over Printed Name)

DEED OF ASSIGNMENT

KNOW ALL NEW BY THESE PRESENTS:

This Deed of Assignment, made and executed by and between _____ of legal age, single/married to _____ and a resident of _____ herein after called the ASSIGNOR and PHILIPPINE AIR FORCE PROVIDENT FUND duly Organized and existing under the laws of the Republic of the Philippines and with Official business address at Philippine Air Force Finance Center, Colonel Jesus Villamor Air Base, Pasay City, hereinafter called the ASSIGNEE, witnesseth that;

That the ASSIGNOR is indebted to the ASSIGNEE in the sum of principal with interest in the amount of _____ pesos (P_____) only and in full payment and complete satisfaction therefor, the ASSIGNOR does hereby ASSIGN, TRANSFER and CONVEY unto the ASSIGNEE his/her Commutation Pay/Retirement Benefits due from the Republic of the Philippines through my pay jurisdiction (AFPFC, PAFFC), of which Commutation Pay is due and payable to the ASSIGNOR.

That the ASSIGNEE does hereby accept this assignment in full payment of the above-mentioned debt of ASSIGNOR in the sum of _____ principal with interest in the amount of _____ pesos (P_____) only representing his/her PAF Provident Fund Educational/ Hospitalization/ House Repair Loan.

IN WITNESS WHEREOF, the parties have hereunto set their hands this _____ day of _____20____at Pasay City, Philippines.

ASSIGNEE

By:

Borrower
(Signature over Printed Name)

General Manager, PAF Provident Fund

Signed in the presence of:

Witness
(Signature over Printed Name)

Witness
(Signature over Printed Name)

I, _____, of legal age, Filipino citizen, and with residence/office address _____ after having been duly sworn to in accordance with law, do hereby depose and say:

That I am applying for loan at PAF Provident Fund and the signature of my spouse is a requirement thereof;

That I am executing this affidavit to attest to the truth of the foregoing facts and for whatever legal purpose this may serve.

_____ (DATE) – Pasay City

Affiant
 (Signature Over Printed Name)
 _____ (ID NUMBER)
 Dated at _____

SUBSCRIBED AND SWORN to before me a Notary Public in the City of Pasay, Metro Manila, this ____ day of _____ 20__ by **affiant**, who satisfactory proven to me his/her identity that he/she is the same person who personally signed before me the foregoing affidavit and acknowledged that he/she executed the same.

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of 2025