



XAVIER UNIVERSITY COMMUNITY CREDIT COOPERATIVE

Xavier University, Cagayan de Oro City

APPLICATION FOR MEDICAL LOAN

Date _____

In connection with my application for loan with XUCCCO, I certify that I have no plans whatsoever of applying for a leave or retirement or resignation within the period of time that I will be paying my obligations to this loan.

I solemnly swear that I have no plans of applying for any additional loans from any other loaning agency or agencies which will jeopardize my ability to pay this loan.

Signed in the presence of _____

Signature of borrower/Member

Name: (Please Print) _____

Complete City Address: _____

Home Address: _____

College/Dep't/Office in XU: _____ Contact No. _____

TIN # _____ SSS# _____ Philhealth # _____ HDMF ID # _____

- (1) I hereby apply for a (check appropriate one)
- _____ Short-term loan (2 months only) _____ Long Term loan (2 years)
- _____ Long-term loan (3 to 12 months) _____

in the amount of _____ (P _____)

(2) The purpose of the loan is for: _____

(3) In payment of this loan plus interest charges, I shall authorize the office of

(Check appropriate one)

_____ Finance of Xavier University

_____ Aggie Finance

_____ Finance of RIMCU

_____ Finance of XUCMPC

_____ OTHERS: (please specify) _____

to deduct from my regular salary/wages, including 13th month, honoraria and other forms of compensation every payday in the total amount of _____

(P _____) to start on (date) _____ in favor of XUCCCO. I further agree that in case of incomplete deduction / none payment it shall be automatic offsetting against my Deposits of the amount due.

(4) In addition, I shall authorize the same office to deduct from my regular salary/wages, 13th month, honoraria and other forms of compensation every payday on the same date the amount of _____ (_____) for my deposit in favor of XUCCCO.

(5) As security for the payment of the loan, I am willing to assign to XUCCCO my share+ deposit of _____ (P _____) including whatever subsequent deposit I may make to the coop until the amount of the loan is fully paid.

Signature of borrower/Member

(FOR XUCCCO STAFF ONLY)

1. Applicant's previous deductions for deposit: P _____

5. Employment Status:

2. Applicant's total amount of share to date: P _____

_____ FT/REgular

3. Applicant's total amount of savings to date: P _____

_____ Academic

4. Record of applicant's previous loan:

Outstanding balance: P _____

_____ Non.- academic

Total deductions per quincena: _____

Comments on record of payment: _____

JESSICA S. DACERA

Manager

ACTION OF THE CREDIT COMMITTEE OR LOAN OFFICER

Based on the merits and facts presented, the loan policies and other pertinent factors, this loans is hereby:

_____ Approved _____ Disapproved _____ Other Action

for the Amount of P _____ (Type of Loan: _____).

Signature Over Printed Name

Signature Over Printed Name

Signature Over Printed Name