



NOVALICHES DEVELOPMENT COOPERATIVE
REG. R-IV-CA-031

Novadeci Bldg., Buenamar cor. Sarmiento Sts., Novaliches, Quezon City
 Tel. Nos. 419-29-89 to 92 • 418-46-38-40 • 936-62-11 to 12 ♦ Telefax: 419-29-92



COLLATERALIZED LOAN APPLICATION

AMOUNT APPLIED FOR: ₱ _____ **PURPOSE OF LOAN:** _____
TERM OF LOAN: _____ **SCHEDULE OF PAYMENTS:** (DAILY / WKLY / SM / MONTHLY)

1. PERSONAL INFORMATION (PLS. PRINT ANSWERS):

NAME: _____
BIRTHDATE: _____ **AGE:** _____ **SEX:** _____
SPOUSE: _____ **NO. OF DEPENDENTS:** _____ **NO. OF STUDENT** _____
HOME ADDRESS: _____
TEL. NO. _____ **OWN:** () • **RENT:** () • **FREE USE:** ()
EDUCATION: _____ **T.I.N.** _____

2. EMPLOYMENT / BUSINESS:

EMPLOYER/ BUSINESS: _____
ADDRESS: _____
NATURE OF BUSINESS: _____ **POSITION:** _____
TEL. NO. _____ **YEARS WITH FIRM/TERM:** _____
MONTHLY SALARY: P _____ **ALLOWANCE/COMM.** _____
NAME OF IMMEDIATE SUPERIOR: _____

3. OTHER INCOME

NATURE	AMOUNT
TOTAL	P

4. REAL AND PERSONAL PROPERTIES OWNED:

DESCRIPTION	LOCATION	VALUE	LIEN

5. EXPENSES (ANNUAL)

NATURE	AMOUNT
FOOD _____	
RENT/AMORT. _____	
UTILITIES _____	
SCHOOLING _____	
LOANS _____	
OTHERS _____	
TOTAL	P _____

6. CREDIT REFERENCES:

CREDITOR	GRANTED LOAN AMOUNT	STATUS

7. PERSONAL REFERENCES:

NAME	ADDRESS	EMPLOYMENT / BUSINESS	STATUS

8. CERTIFICATION:

I hereby certify that all the information shown on this Collateralized Loan Application are true to my personal knowledge. I hereby authorize NOVADECI (Novaliches Development Cooperative), or any of its authorized representative to conduct the required verification hereon.

DATE: _____, 20__

APPLICANT: _____
SIGNATURE OVER PRINTED NAME

SPOUSE : _____
SIGNATURE OVER PRINTED NAME
 Danny L. 2003



NOVADeci

HALAGA NG KITA AT GASTUSIN

PAUNAWA: *Lagyan ng N/A o NOT APPLICABLE ang mga blankong hindi sinagutan.*

	DAILY	WEEKLY	MONTHLY
A. Pinanggagalingan ng KITA			
1.	P _____	P _____	P _____
2.	_____	_____	_____
3.	_____	_____	_____
Kabuuang KITA	P _____	P _____	P _____
B. GASTUSIN			
1. Pagkain	P _____	P _____	P _____
2. Gatas ng Bata	_____	_____	_____
3. Ilaw at tubig	_____	_____	_____
4. Telepono	_____	_____	_____
5. Upa sa Bahay	_____	_____	_____
6. Bayarin sa Housing Loan	_____	_____	_____
7. Insurance Plan Premium	_____	_____	_____
a. Health Care	_____	_____	_____
b. Pension/Life	_____	_____	_____
c. Educational/Memorial	_____	_____	_____
8. Tuition Fees	_____	_____	_____
9. Allowance/Baon/Pamasahe	_____	_____	_____
10. Katulong	_____	_____	_____
11. Iba pang gastusin	_____	_____	_____
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
KABUUNANG GASTUSIN	P _____	P _____	P _____
NATIRANG KITA	P _____	P _____	P _____

Pinatutunayan ko na ang aking isinaad sa itaas ay pawang katotohanan lamang at nababatid ko na ang pagsaad ng hindi totoo sa kasulatang Ito ay mangangahulugan ng denial ng aking utang.

Petsa: _____
/jcs '98

PB No. _____

Pangalan at Lagda ng Kasapi