


WEST CENTRAL PHILIPPINE UNION MISSION (WCPUM)

WVC-ADRA Bldg., Cor. Jalandoni, Ledesma St., Brgy. Wilson, Iloilo City, 5000

REF Loan Application Form
Instructions: Check the appropriate boxes and write in capital letters on spaces provided.

A. APPLICANT'S INFORMATION

Title: ☐ Mr. ☐ Ms. ☐ Mrs. Gender: ☐ Male ☐ Female Date Filled: ____/____/____ (mm / dd/ yy)

Name of Retiree: _____

(Last)

(First)

(Middle Name)

Date of Birth: ____/____/____
(mm/ dd/ yy)

Date of Retirement: ____/____
(mm/ yy)

Civil Status: ☐ Single ☐ Married ☐ Widowed ☐ Deceased (for surviving spouse)

Retirement Status: ☐ Permanent ☐ Temporary

Retirement Rate: ☐ Basic ☐ Family

Mobile number: _____

Email Address: _____

Home Address: _____
(St./Brgy.) (Municipality) (Province) (Zip Code)

Monthly Pension: ₱ _____ Monthly REF Contribution: ☐ ₱50 ☐ ₱75 ☐ ₱100

Bank information:

Bank: ☐ BDO ☐ Metro Bank ☐ PNB ☐ Land Bank ☐ BPI ☐ Others: _____

Account number: _____ Account Name: _____

B. CO-MAKER'S DETAILS

Title: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. Gender: ☐ Male ☐ Female

Name of Retiree: _____

(Last)

(First)

(Middle Name)

Date of Birth: ____/____/____ (mm/ dd/ yy) Civil Status: ☐ Single ☐ Married ☐ Widowed

Mobile Number: _____ Valid ID No.: _____ Email: _____

Relationship: ☐ Spouse ☐ Child ☐ Relative ☐ Others: Please Specify _____

C. LOAN DETAILS
☐ Medical Assistance ☐ Educational Assistance ☐ Calamity Assistance

Amount Requested: ₱ _____ Loan Outstanding Balance: ₱ _____ Monthly Amortization: ₱ _____

Preferred Repayment Period: _____ Months Monthly Interests: _____

D. DETAILS OF REQUEST (Please briefly explain the purpose of your loan request)

E. REQUIRED DOCUMENTS**E.1 Medical Loan**

- ☐ Dully filled Out REF Loan Form
- ☐ Hospital Billing Statement/Doctor's Prescription
- ☐ Photo Copy of Valid ID with signature (*Retiree, Spouse or Kin*)

E.2 Educational Loan

- ☐ Dully filled Out REF Loan Form
- ☐ Statement of Account
- ☐ Photo Copy of Valid ID with signature (*Retiree, Student, Spouse or Kin*)

E.3 Calamity Loan

- ☐ Application Letter (*Addressed to WCPUM Retirement Committee*)
 - ☐ Dully filled Out REF Loan Form
 - ☐ Photos of Damages
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F. APPLICANT'S DECLARATIONS

In support of my loan application, I _____ (Full name) of legal age, declare that the above information is true and correct to the best of my knowledge. I agree to abide by the Guidelines of the Retirees' Emergency Fund and authorize WCPUM for the deduction of the loan amortization from my monthly pension on the stated terms within the repayments period.

Signature/Thumbprint: _____ Date: _____

G. SPOUSE/KIN'S DECLARATIONS

I, _____ (Full Name), of legal age, in connection with this loan application, hereby give my full consent to the terms and conditions of this Loan Contract. I agree to abide by the Guidelines of this Loan Contract and authorize the West Central Philippine Union Mission (WCPUM) to deduct the loan amortization from the retiree's monthly pension in accordance with the stated terms and repayment period. I understand and agree that I shall be personally liable for settling the outstanding obligation in the event that the retiree fails to pay the required loan amortization.

Signature/Thumbprint: _____ Date: _____

H. FOR OFFICIAL USE ONLY

Application Number: _____

Checked by: _____

Date: _____

Approved By: _____

Date: _____

(To be valid, please attach a photocopy of the co-maker and the retiree's valid ID bearing their signature.)
