



# LANDBANKERS' MULTI-PURPOSE COOPERATIVE

14/F LANDBANK PLAZA, 1598 M.H. Del Pilar cor Dr. J. Quintos Sts., Malate, Manila  
Telephone: (02) 8522-0000 loc. 7684



## LOAN APPLICATION & PROMISSORY NOTE

\*Date of Application : \_\_\_\_\_ \*Name of Borrower: \_\_\_\_\_ \*Sex: ( ) Male ( ) Female

\*Dept. /Alumni: \_\_\_\_\_ \*Local No: \_\_\_\_\_ Years in LBP: \_\_\_\_\_ PG: \_\_\_\_\_

\*Date of Membership: \_\_\_\_\_ \*Address: \_\_\_\_\_

\*Email Address: \_\_\_\_\_ \*CellPhone#: \_\_\_\_\_

\*Loan Product: \_\_\_\_\_ \*Loan Purpose: \_\_\_\_\_

\*Source/s of Payment: \_\_\_\_\_ \*LBP SAVINGS ACCOUNT NO: \_\_\_\_\_

*(For Loan Processor)*

Type of Loan: ( ) New ( ) Renewal ( ) Re-availment ( ) Restructuring Mode of Payment: ( ) OTC ( ) ADA ( ) PDC

Date Released: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ PN No: \_\_\_\_\_

I hereby apply for a loan in the amount of PESOS: \_\_\_\_\_ (₱ \_\_\_\_\_), payable ( ) semi-monthly ( ) monthly ( ) quarterly ( ) lumpsum within \_\_\_\_\_ month/s from \_\_\_\_\_ to \_\_\_\_\_ at (₱ \_\_\_\_\_) per pay day or at (₱ \_\_\_\_\_) per month.

In case of failure to pay the loan or the loan amortization on due date, I hereby agree to pay a penalty of 2% per month for delayed amortization and 2% per month for matured loan, to accrue from the day immediately after the due date of loan.

It is understood that the basis for the computation of the penalty charges shall be the overdue principal amount or the loan amortization or any other amounts due under this Agreement.

I hereby agree to apply for Coop Loan Protection Plan (CLPP)\* with CLIMBS LIFE AND GENERAL INSURANCE COOPERATIVE and pay an annual premium therefor thru Landbankers' Multi-Purpose Cooperative (LANDBANKOOP) to answer for payment of my obligations in case of death.

I hereby authorize Accounting Department of Land Bank of the Philippines (LBP), or Cashier or Accountant of any of its Branches & LBP Subsidiaries and/or LBP- Provident Fund Office to deduct from my salary/wages and/or any of my PF loan proceeds, PF dividends and other receivables from LBP, LBP Subsidiaries and/or LBP-PFO my LANDBANKOOP loan obligation/s. I likewise authorize LANDBANKOOP to receive the deducted amount and apply the same to my obligation/s.

In case of non-compliance with the foregoing, or the amount deducted there from is not sufficient to fully pay my outstanding obligation with LANDBANKOOP, I hereby further authorize the LANDBANKOOP to immediately deduct my obligation/s from my paid-up capital and any receivables from LANDBANKOOP.

It is further understood that this loan is my sole responsibility and that the LANDBANKOOP shall not entertain any credit arrangements made with other parties.

For over-the-counter payments/deposits: "Deposit slip should be immediately sent to the LANDBANKOOP office via Fax or Mail. Otherwise, the LANDBANKOOP shall not liable if the deposit or payment made will not be credited to the intended account. It is understood therefore, that failure on the part of the member to comply with the above requirement it shall not be credited to the account.

*I hereby agree that a cooling-off period shall apply to this loan agreement, lasting no less than five (5) calendar days and no more than ten (10) calendar days from the date of loan approval. In the event I fail to comply with the terms and conditions outlined in Chapter 3.1.7 of the Credit Manual, a non-compliance service fee in the amount of (PhP2,000.00) shall be charged to the undersigned.*

I hereby agree to free LANDBANKOOP from any liability and all consequences as a result of implementing the provisions of this Agreement.

This is to certify that I understood all the terms and conditions written on the *Loan Application Form* and *Promissory Note* as discuss by the Loan Officer

With my CONFORME:

\_\_\_\_\_  
Name & Signature over Printed Name

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ affiant exhibiting to me a competent proof of identity. \_\_\_\_\_

Doc. No. \_\_\_\_\_

Page No. \_\_\_\_\_

Book No. \_\_\_\_\_

Series of 2026 \_\_\_\_\_

\*Same as Mortgage Redemption Insurance

## **AUTHORIZATION LETTER #01**

**This is to AUTHORIZE the Land Bank of the Philippines Provident Fund Office (LBP-PFO) to deduct from the proceeds of my All Purpose Loan (APL) and/or Special Financing Assistance Loan (SFAL) whatever amount is due to the Landbankers' Multi-Purpose Cooperative ("LANDBANKOOP") or at least fifty percent (50%) of such proceeds, whichever is lower, to be applied as partial/full payment of my loan arrearages with the LANDBANKOOP.**

**The LBP-PFO is further authorized to deduct from the proceeds of my All Purpose Loan (APL) and/or Special Education Loan (SEL) the amount of collection fee resulting from the said deduction.**

**Attached herewith is my duly signed Promissory Note No. \_\_\_\_\_ dated \_\_\_\_\_.**

\_\_\_\_\_  
**Signature Over Printed Name/Date**

## **AUTHORIZATION LETTER #02 (Compliance to R.A. No. 9510)**

**I hereby acknowledge and authorize LANDBANKOOP: 1) for the regular submission and disclosure of my basic credit data (as defined under Republic Act No. 9510 and its Implementing Rules and Regulations) to the Credit Information Corporation (CIC) as well as any updates or corrections thereof; and 2) the sharing of my basic credit data with other lenders authorized by the CIC, and credit reporting agencies duly accredited by the CIC.**

\_\_\_\_\_  
**Signature Over Printed Name/Date**



# CLIMBS LIFE AND GENERAL INSURANCE COOPERATIVE

CLIMBS Bldg., Zone 5, National Highway, Bulua, 9000 Cagayan de Oro City, Philippines  
Telephone/Fax Nos.: (08822) 738738; (088) 8561355 Email: head\_office@climbs.coop

## INDIVIDUAL APPLICATION FORM

### Coop Loan Protection Plan (CLPP)

Application No. \_\_\_\_\_

Name of Coop / Organization \_\_\_\_\_  
Address \_\_\_\_\_ Group Type \_\_\_\_\_  
*(Cooperative, Association, Lending, Professionals, Security Guards, etc.)*

<b>Last Name:</b>		<b>First Name:</b>			<b>Middle Name:</b>	
<b>Date of Birth (mm/dd/yyyy):</b>	<b>Age:</b>	<b>Place of Birth</b>	<b>Gender</b> [ ] Male [ ] Female		<b>Civil Status</b> [ ] Single [ ] Married [ ] Widow [ ] Separated	
<b>Employment Type:</b> [ ] Private [ ] Government [ ] Retirement [ ] Self-employed [ ] Others _____					<b>Occupation: (Present Job)</b>	
<b>Employer Name:</b>			<b>Type of Services/Business:</b>			
<b>Employer Business Address:</b>			<b>Nature of Work/Employment/Source of Income:</b>			
<b>Coop Membership:</b> [ 1 ]		[ 2 ]		[ 3 ]		
<b>Nationality</b>	<b>Religion:</b>	<b>Height:</b>	<b>Weight:</b>	<b>Blood Type:</b>	<b>SSS/GSIS No.</b>	<b>TIN:</b>
<b>Present Address:</b>					<b>Contact No(s):</b>	
<b>Permanent Address:</b>						
<b>Name of Spouse:</b>		<b>Date of Birth (mm/dd/yyyy)</b>	<b>Place of Birth</b>	<b>Age</b>	<b>SSS/GSIS</b>	
<b>Designated Beneficiary:</b>		<b>Date of Birth/Age/Relationship</b>		<b>Contact No.</b>	<b>Irrevocable/Revocable</b>	
(Primary) 1.	_____		_____	_____	_____	
(Secondary) 2.	_____		_____	_____	_____	

### HEALTH DECLARATION FORM

Please answer each of the following questions in full disclosure/utmost good faith. Check in the box provided for details. Provide particulars if available (such as existing clinical records).

- Are you aware of any health disorder or advice from doctor that you are suffering from any illness?-----[ ] YES [ ] NO  
If YES, please specify \_\_\_\_\_
- Are you in good health and entirely free from any mental or physical impairment and/or deformities?-----[ ] YES [ ] NO
- Have you ever been received or receiving disability benefit? -----[ ] YES [ ] NO  
If YES, please specify \_\_\_\_\_
- Have you ever been diagnosed of cancer? -----[ ] YES [ ] NO
- Have you ever been diagnosed of HIV or AIDS? -----[ ] YES [ ] NO
- Are you taking medication of any kind? If YES, for what? \_\_\_\_\_ [ ] YES [ ] NO
- Please provide the name/address and the telephone number of your attending physician \_\_\_\_\_

I DECLARE, that the above answers are true and correct, and I agree that these shall be the basis of the issuance of Insurance for me under the Group Policy and that CLIMBS shall not be liable for any claims on account of illness, injury or death, the cause of which was known prior to approval of my request for insurance and withheld or concealed in the above statements. I hereby authorize any physician, doctors, hospital, clinic, that has any knowledge of my medical records to disclose when requested to do so by CLIMBS. I UNDERSTAND that disqualification from coverage will entitle me only to refund of premium.

### FOR LOAN OFFICER USE ONLY

Amount of Loan Granted _____ (P _____)	Loan Status : ( ) New ( ) Renewal
Date Release _____ Term of Loan (months) _____	Maturity Date _____
Premium Due _____	Term of Insurance Coverage Paid (months) _____

**"DISCLOSURE:** In accordance with the Insurance Commission's Circular Letter No. 2016-54, your medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud.

Once uploaded, all life insurance companies will only have limited access to your information in order to protect your right to privacy in accordance with law.

A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at [www.insurance.gov.ph](http://www.insurance.gov.ph)"

### DATA PRIVACY DISCLAIMER

By signing herein, you, the policy owner/ insurance applicant/ proposed insured, expressly consent for the lawful collection, processing, use, sharing, storage, retention or destruction and for other lawful or legal purposes, of all personal data pertaining to you in line with your application for life insurance policy and the servicing requirements thereof, in accordance with Republic Act No.10173 or the Data Privacy Act of 2012 and its Implementing Rules and Regulations.

CLIMBS Life and General Insurance Cooperative shall use this information with full regard to the provisions of the said law and its implementing rules and regulations, in connection with the necessary processes pertinent to the said insurance policy or application, or servicing thereof, and for other legitimate purpose or in compliance with government regulations, court orders, industry association, and in case authorized by law.

You shall hold the company free and harmless from any liability or expense that may arise from any transfer, disclosure, processing, collection, use, storage or destruction of the said information for activities done by CLIMBS Life and General Insurance Cooperative in regards your insurance application and servicing thereof in accordance with Republic Act No. 10173 or the Data Privacy Act of 2012 and its Implementing Rules and Regulations.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Name & Signature of Authorized Officer

\_\_\_\_\_  
Name & Signature of Applicant Member

*Note: The insurance coverage of this plan will take effect upon receipt of payment & approval by CLIMBS and through the endorsement of the e.CO.C.*



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***AUTO-DEBIT FROM LANDBANK PAYROLL ACCOUNT FORM***

This is to authorized the **LANDBANKOOP** to auto-deduct the amount of *(in words)* \_\_\_\_\_ (₱ \_\_\_\_\_) from my LANDBANK Payroll Account and apply to

- Paid-Up Share Capital
- Loan Amortization

Loan Product (1): \_\_\_\_\_  
 PN : \_\_\_\_\_  
 Amount : ₱ \_\_\_\_\_

Loan Product (2): \_\_\_\_\_  
 PN : \_\_\_\_\_  
 Amount : ₱ \_\_\_\_\_

Date: \_\_\_\_\_  
 PERNR: \_\_\_\_\_

\_\_\_\_\_  
**Signature Over Printed Name of Member/Borrower**

***FOR COOP USE ONLY***

Starting Month of: \_\_\_\_\_  
 Year: \_\_\_\_\_

Received by:

Date: