



kolin
Employee's Cooperative
PRODUCT / SALARY LOAN
APPLICATION FORM

DATE FILED:	No. of shares deducted:
With existing loan? Yes <input type="checkbox"/> No <input type="checkbox"/>	Amt: _____ As of _____

EMPLOYEE NAME		DATE HIRED	
POSITION/DEPARTMENT		DATE REGULARIZED	
DELIVERY ADDRESS			

A.) PRODUCT LOAN (Model no.)	QTY.:
	REMARKS /Specification :

B.) SALARY LOAN	
Purpose:	

PRINCIPAL AMOUNT			PAYMENT TERMS	
INTEREST			SEMI-MONTHLY AMORTIZATION	
TOTAL AMOUNT DUE (For HRD use only)	Total Net %		START OF DEDUCTION	

I hereby authorize payroll to deduct semi-monthly from my salary and/or other remuneration, the amount computed above and every payroll date for each month thereafter.

In the event that the amount in my salary is not sufficient to cover the specified deduction for the month as mentioned above, I hereby authorize the company to deduct more than the amount herein specified in order to update my account including penalties and interest charges.

I further authorize the company to retain any amount due me as termination, separation or gratuity pay or compensation of whatever nature to the extent of my obligation in the event of cessation of my employment. This authority is absolute until the total obligation is fully paid.

Signature of employee

GUARANTOR'S UNDERTAKING

I hereby undertake to assume joint and several liabilities in case of default or non-payment of the amount due in favor of KOLINPHIL, INC/KPII.

Signature of Guarantor over printed name

Endorsed by:	APPROVAL
MAMERTA F. TAGLE	
HR Human Resource Department - SUPERVISOR	

Unit/Amount received by:
Signature over Printed Name