PFCCO-NCR

Uplifting the Lives of Filipinos

PHILIPPINE FEDERATION OF CREDIT COOPERATIVES
NATIONAL CAPITAL REGION
Room 306, 3/F Seneca Plaza, 1152 E. Rodriguez Sr. Avenue,
Barangay Mariana, New Manila, Quezon City
e-mail: ncrlpfcco@gmail.com
Direct Lines: (02) 8727-9486
www.pfcco-ncr.coop

THE PHILIPPINE FEDERATION OF CREDIT COOPERATIVES
NATIONAL CAPITAL REGION

MEMBER'S LOAN APPLICATION AND INFORMATION SHEET

(Kindly fill-up completely and legibly all blank spaces to avoid delays.)

PURPOSE OF LOAN:		
AMOUNT OF LOAN:	TERM:	MANNER OF PAYMENT:

COLLATERAL OFFERED (If Any):

TCT NO/S	LOCATION	MARKET VALUE

OTHER COLLATERALS (SPECIFY):

BACKGROUND INFORMATION
NAME OF COOPERATIVE:

OFFICE ADDRESS AND YEARS STAYED:	Telephone No/s.

PREVIOUS OFFICE ADDRESS:

CDA REGISTRATION NUMBER/ DATE OF REGISTRATION:	TAX IDENTIFICATION NO.:

CAPITALIZATION

AUTHORIZED CAPITAL SHARE	SUBSCRIBED CAPITAL SHARE	PAID-UP CAPITAL SHARE

LENDING PRODUCTS OFFERED TO MEMBERS:

LOAN PRODUCTS	ANNUAL INT. RATE	SERVICE CHARGE	MAX. TERM	MAX. AMOUNT	OTHER CHARGES (specify)

OTHER RELEVANT INFORMATION:

LOAN OPERATION INFORMATION:

	LAST 2 YEARS	LAST YEAR	TO DATE
LOAN RELEASES			
INTEREST INCOME			
OTHER LENDING INCOME			

Please attach the following:

- > Copy of the valid Identification cards of the Directors, Manager, Treasurer and Secretary.
- > Certification that there is a complete credit operation policy.
- > STEPS
- > Complete list of outstanding loans receivable showing the name of borrowers, amount of original loan, balance as of date, terms, date of release, term of payments, interest rate, penalty charge amount etc. (for REDISCOUNTING LOAN)
- > Audited Financial Statement for last 2 years
- > Interim Financial Statement (current).
- > Cash flow (projected and actual)
- > Notarized Board resolution to borrow.

> **Co-op borrower must enroll to the Loan protection plan program of the Federa**
as per CDA Memorandum Circular 2024-07 Series of 2024

I CERTIFY THAT ALL DATA AND STATEMENTS WRITTEN ABOVE ARE TRUE AND CORRECT.

Signature over printed name	Designation	Date:

COOPERATIVE INFORMATION SHEET
NAME OF COOPEARATIVE:
ADDRESS:
CONTACT NUMBER:
AREA OF OPERATION:

ORGANIZATIONAL PROFILE								
MEMBERSHIP:	**THIS YEAR**				**LAST YEAR**			
REGULAR:	**MALE:**		**FEMALE:**		**MALE:**		**FEMALE:**	
ASSOCIATES:	**MALE:**		**FEMALE:**		**MALE:**		**FEMALE:**	
YOUTH SAVERS:	**MALE:**		**FEMALE:**		**MALE:**		**FEMALE:**	

LIST OF MANAGEMENT STAFF WITH THEIR POSITION AND YEARS IN SERVICE:

POSITION:	NAME	YEARS IN THE CO-OP

LIST OF OFFICERS TO SIGN THE LOAN DOCUMENTS (BODs, TREASURER, SECRETARY and MANAGER):

POSITION:	NAME	RESIDENTIAL ADDRESS	TIN/SSS NO.
Chairperson			
Vice Charperson			
Director			
Director			
Director			
Director			
Director			
Director			
Director			
Director			
Director			
Drector			
Director			
Director			
Secretary			
Treasurer			
General Manager			
PLEASE USE SEPARATE PAPER IF NEEDED			

DO YOU HAVE COMPREHENSIVE POLICY AND PROCEDURE OF THE FOLLOWING? 1) Governance? _____,
2) Credit Management?_____, 3) Financial Management? _____, 4) Human Resource Management? _____,
5) Products and Services? _____, Strategic Planning and Review? _____.

FINANCIAL PROFILE:

Description of Capital Build-up Program Scheme. (How do you build your capitalization?)
Description of Savings Mobilization Scheme. (How do you build-Up your Savings from Members?)
Specify what are your Savings Products and its objectives.
What are your portfolio of investment and their purposes?
Name of Banks where you put your deposits?
Do you borrow from banks? Other Institutions? State the names and your oustanding balances and terms.

CERTIFICATIONS

We certify that all information herein and herewith furnished are in all respects true and correct. It is also agreed that the Federation may inquire into their correctness by the methods it may deem proper to use and that this documents shall remain in the property of the Philippine Federation of Credit Cooperatives- National Capital Region whether or not the loan is granted.

AUTHORIZED SIGNATORIES (BODs, GM,SEC., TREASURER)	SIGNATURES	SSS/TIN/CTC	VALIDITY

Attested by: _____

Position _____

Date: _____