



STANDARD PLAN	Limits & Accomodation	Premiums	
		Without DENTAL	With DENTAL
PLAN A	Pay Ward Room with P50,000.00 maximum benefit limit per person per illness per year	6,608.00	7,058.00
	Annual Miscellaneous Fee	50.00	50.00
	Total Annual fee	6,658.00	7,108.00
	Deduction per payday	275.33	294.08
PLAN B	Regular Private Room with P70,000.00 maximum benefit limit per person per illness per year	9,251.20	9,701.40
	Annual Miscellaneous Fee	50.00	50.00
	Total Annual fee	9,301.20	9,751.40
	Deduction per payday	385.47	404.23
PLAN C	Regular Private Room with P100,000.00 maximum benefit limit per person per illness per year	11,894.40	12,344.40
	Annual Miscellaneous Fee	50.00	50.00
	Total Annual fee	11,944.40	12,394.40
	Deduction per payday	495.60	514.35
PLAN D	Regular Private Room with P150,000.00 maximum benefit limit per person per illness per year	17,464.00	17,914.00
	Annual Miscellaneous Fee	50.00	50.00
	Total Annual fee	17,514.00	17,964.00
	Deduction per payday	727.67	746.42

NOTE: ★Kindly fill-out the application in **CAPITAL LETTERS**. ★Our health care is **NOT AUTOMATIC RENEWAL**. ★ For our new enrollment and those who will renew, you have the options to choose among these packages. **DENTAL BENEFITS** will cover unlimited dental consultation and simple tooth extraction, 3 surfaces temporary filling and once a year cleaning.

• WRITE YOUR DESIRED PACKAGE IN THE BOX..

Health Care Package	Dependent's Name	Age	Gender	Relation	Birthday	With Dental	Renewal	New
							Please Check	

• WRITE YOUR DESIRED PACKAGE IN THE BOX..

	Last Name	First Name	M,I					
1								
2								
3								
4								
5								

APPLICANT/MEMBER'S INFORMATION:

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Number(Cellphone)(PERSONAL/BRANCH)	Landline:	RM/AM/DM NAME:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birthdate	Civil Status	REGION:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Member's Printed Name & Signature

DATE

Please fax or email your application form thru:
Sako VisMin: Email : loan.mlsako@gmail.com or mlsako@yahoo.com
 Telefax No .(032) 255-3639 / 254-1600
Sako Luzon: Email: mlsakoluzon@gmail.com or sakoheart@rocketm
 Telefax No. (02) 843-2485 / 800-9224



SAMAHANG KOOPERATIBA NG M. LHUILLIER PAWNSHOP EMPLOYEES

ML Bldg. Borromeo St., Pahina Central, Cebu City
Telefax: (032) 254-1600/255-3639 Cellphone: 0947-999-2492
Email: mksako@yahoo.com / loan.mksako@gmail.com

11th Floor. Heart Tower Condo.108 Valero St. Salcedo Vill. Makati City
Telefax: (02) 800-9224 /0947-999-1747/1713
Email: sakoheart@rocketmail.com / mksakoluzon@gmail.com

Website: www.mksako.org

SPECIAL LOAN APPLICATION FORM

LOAN DETAILS

Date of Application: ✓ _____

AMOUNT APPLIED: ✓ _____ ₱ _____

LOAN PURPOSE: ✓ _____ APPROVED AMOUNT: ✓ _____

✓ TYPE OF LOAN APPLIED (CHECK ONLY ONE)

SAKO CARE No of Dependents: _____ RETIREMENT PLAN NEW RENEWAL

✓ Term Applied _____ (in Months) (Maximum Term: 12 mos.)

In case my approved loan amount/term was lower/change than what I have originally applied for; I authorized ML SAKO to continue processing my application for new loan amount and term. ✓ _____

Member- Applicant's Signature

MEMBERS APPLICANT DETAILS:

Name: ✓ _____ Employee No.: ✓ _____

Present Address: ✓ _____

Rented Owned Living with parents/relatives Birthdate: ✓ _____

Provincial Address: _____

ML Wallet No.: ✓ _____ Branch/Division: ✓ _____ Email Add: ✓ _____

Civil Status: ✓ _____ SSS #: ✓ _____ TIN #: ✓ _____

Spouse Name: ✓ _____ Contact No.: ✓ _____

PERSONAL DATA DISCLOSURE AUTHORIZATION:

I hereby acknowledge and authorize: 1.) the regular submission and disclosure of my basic credit data (as defined in the Republic Act 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 the credit reporting agencies duly accredited by the CIC.

✓ _____
Applicant Printed Name & Signature

Date Signed

AUTHORITY TO DEDUCT

This is to authorize the **payroll manager of M Lhuillier Financial Services, Inc. (MLFSI)** to deduct from my salary the amount due of this loan in semi-monthly installment until its full payment and remit the same to Samahang Kooperatiba ng M. Lhuillier of Pawnshop Employee (ML SAKO) this coming pay period.

In case of my separation or resignation, I hereby authorize MLSAKO to get the proceeds of my separation pay as payment of my obligations in ML SAKO.

Deduct from my salary every payday the amount of P _____ until the full payment of my loan.
 Deduct from _____ the amount of P _____ to fully pay my loan.

✓ OFFSET MY CURRENT LOAN BALANCE OF: YES, Balance _____

Co-makers:

✓ _____
Applicant Printed Name & Signature
Date Signed: _____

✓ _____
Signature over the printed name
Date Signed: _____

✓ _____
Signature over the printed name
Date Signed: _____

Confirmed By:

✓ _____
Name & Signature of AM/RM/DM
Date Signed: _____

✓ _____
Name & Signature of Paymaster
Date Signed: _____

FOR COOP ONLY:

ENDORSEMENT

Approved Loan amount _____ Term: _____ mos. Total Interest: _____

Amortization: _____ Principal _____ Interest: _____

Recommendation: _____ Approved/Disapproved/Deferred.

Evaluated & Recommended

Checked by:

Noted by:

Credit Committee Action:

Note: Please fill up form completely.

Like our FB page: [Samahang Kooperatiba ng M. Lhuillier Pawnshops' Employees](#)

Revised2018