

**STATEMENT OF ACCOUNT**

Form No. 06062019-GFAL II SOA-REV 0

(TO BE FILLED OUT BY THE LENDING INSTITUTION)

THE APPLICATION FOR GFAL SHALL NOT BE PROCESSED UNLESS THIS FORM IS COMPLETELY FILLED OUT.

WARNING: Direct or indirect commission of fraud, collusion, falsification, misrepresentation of facts, or any other kind of anomaly in the accomplishment of this form, shall result in the automatic disapproval of loan application.

Date: _____

To the **Loan Officer**
Government Service Insurance System

Dear Sir/Madam:

Please be informed that Mr. / Ms. _____ of _____ (Name of Office and Office Address) has an outstanding loan obligation with _____ (Name of Lending Institution) as shown below:

Loan Product Name:	_____	Maturity Date:	_____
Loan Amount:	_____	Mo. Deduction:	_____
Date Granted:	_____	Last Amount Paid:	_____

OUTSTANDING BALANCE COMPUTATION

(as of _____)

Principal Balance	Php	_____
Interest Balance (Due and Unpaid)		_____
Penalty Charges		_____
Other Charges: _____ (Provide separate sheet/s, if necessary.)		_____
TOTAL	Php	_____
Less: Unearned Interest		_____

TOTAL AMOUNT DUE	Php	_____
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This statement containing the loan details of the borrower is verified true and correct, and shall be valid up to _____.

The outstanding balance stated herein refers to all obligations due and unpaid, including interests, penalties and other charges and expenses that have accrued or were incurred by the borrower, in relation to the loan/s. **No unearned interest is charged from the borrower.**

It is understood that the borrower is applying for the *GSIS Financial Assistance Loan II*, in order to settle the outstanding balance of his or her loan with _____ (Name of Lending Institution), in full or in part.

Further, the check representing proceeds from the financial assistance loan shall be made payable to the lending institution, _____. For this purpose, we are authorizing Mr. / Ms. _____, with ID No. _____ (attached) to claim the check from the GSIS and deliver to the latter the corresponding Official Receipt (OR) issued by the lending institution as proof of payment.

CONFORME:_____
Signature over Printed Name of the borrower

Date Signed: _____

Signature over Printed Name

Designation: _____

Date Signed: _____