Application Form		
		(Date)
FOR	:	Director, Finance Service
		Camp Crame, Quezon City (Attn: C, Salary Assignment e)
		(Attil. 6, Galary Assignment 6)
SUBJECT:	:	Salary Assignment
Request t	hat the amo	ount of(P)
be assigned to _		of Assignee) my presently (Relation to Assignor)
	(Name	of Assignee) (Relation to Assignor)
residing at		starting
rootanig at	(Addre	ss) (Contact Nr of the Assignee)
	and	d monthly thereafter until a request in writing for its discontinuance
is submitted to Fi		
It is unde	rstood that	I will immediately notify the Director, Finance Service thru Salary
Assignment Section of any changes in my status and/or assignment including the address and		
contact number of	of the Assign	nee from time to time.
The following are three (3) specimen signature of the Assignee:		
a		b c
1. Th	ne reason(s) for assigning a portion of my salary to my assignee is/are as
follows:		
_		
I further certify that the foregoing is true and correct.		
		(Signature over Printed Name)
		Unit Code Account No
		Account No.
		1 st Indorsement
		Date:
		ed to the Director, Finance Service through the Chief, RFSOs the ment of in favor of
application for Sa	alary Assign	ment of in favor of (Name of Assignor)
(Name of	Assignee)	(Relationship to Assignor)
•		
-		have processed the application and verified that the Assignee is the
legal wife/depend	defit of the F	ASSIGNOT.
		(Name & Signature of Chief of Office)
		Unit/Station:
Supporting Documents 1. Authenticated	: d photo copy of l	
Photo copy of	f PNP ID (back-	to-back)
 Birth Certifica 	ntract (NSO copy ate (NSO copy)	
Indorsement	of ID of Assignee from C, RFSOs	
7. Copy of STI (Broduct to	or photocopy of accou	of LBP ATM Account of Assignee THE THUSE DE 333- FOR 189/10 & above & 332 for 17 y/lo & below)
(Froduct e	ype of accou	HIE HIMOUND AND IN THE