

**LETTER REQUEST FOR THE RENEWAL OF  
SHORT-TERM LOAN (STL) AFTER TAV OFFSETTING**

\_\_\_\_\_  
Date

Dear Sir/Madam:

This is to request for your consideration to allow me to renew my Short-Term Loan (STL) with previous TAV offsetting due to unpaid outstanding loan balance. Please be informed that I was not able to pay my monthly loan amortization due to the following reason/s:

- Total disability or insanity;
- Separation from service by reason of health;
- Critical illness  Member  Immediate family member  
**Type of illness:**
  - Cancer  Organ Failure  Heart-Related Illness
  - Stroke  Nueromuscular-Related Illness
- Death of my immediate family member;
- Unemployment due to lay-off and/or closure of company;
- Repatriation from my host country (*for Overseas Filipino Workers*);
- Other reasons \_\_\_\_\_.

Attached are the required documents to support my request.

Should you have any query/clarification, please call me at contact no/s \_\_\_\_\_ or email at \_\_\_\_\_.

For your consideration and approval. Thank you.

Very truly yours,

\_\_\_\_\_  
(Signature Over Printed Name)

FOR PAG-IBIG FUND USE ONLY			
Received by:	Date:	Approved/Disapproved by:	Date:
_____	_____	_____	_____
(Signature Over Printed Name)		(Signature Over Printed Name)	

ACKNOWLEDGEMENT RECEIPT		
REQUEST FOR THE RENEWAL OF SHORT-TERM LOAN (STL) AFTER TAV OFFSETTING		
Name of Member-Borrower: ( <i>Last Name, First Name, Name Extension, Middle Name</i> )		
Received by:	Date:	Remarks:
_____	_____	
(Signature Over Printed Name)		

CHECKLIST OF REQUIREMENTS	
<b>Basic Requirements</b>	
1. Letter Request for the Renewal of Short-Term Loan (STL) After TAV Offsetting (HQP-SLF-151)	
2. Photo/scanned copy of one (1) valid ID	
<b>Additional Requirements</b>	
<b>VALID GROUNDS FOR IMMEDIATE OFFSETTING</b>	<b>SUPPORTING DOCUMENTS</b>
1. Total disability or insanity	Photo/scanned copy of the Physician's Certificate/Statement ( <i>With Clinical or Medical Abstract</i> )
2. Separation from service by reason of health	
3. Critical Illness of the member or any of his/her immediate family member	
4. Death of member's immediate family member	Photo/scanned copy of the Death Certificate of the concerned family member issued by PSA or LCRO
5. Unemployment due to lay-off and/or closure of company	Photo/scanned copy of the Company's Notice of Termination due to Layoff and/or Closure of Company
6. Repatriation of OFW member from host country.	Photo/scanned copy of the Certification as OFW Repatriates from the Overseas Workers Welfare Administration (OWWA)