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NAME OF ASSOCIATION

MASTERLIST OF BENEFICIARIES AND LOAN APPORTIONMENT

NO.	NAME	LOT ALLOCATION					Date of Birth	Monthly Income	TOTAL COST (A)	SHARE IN LOAN (B)	INDIVIDUAL EQUITY (A-B)	MONTHLY AMORTIZATION		
		Blk . No.	Lot No.	Home Lot Area	Open Space	TOTAL						Principal / Interest	MRI	TOTAL
	Sub-Total (per page)													
	GRAND TOTAL													

Prepared by:_____
Project Officer (Originator)

Date:_____

We hereby certify that all the above information are true and correct.

By:_____
CA President
Signature over printed name

_____
Head of Originating Institution
Signature over printed name