Date

**[Name of Executive Director]**

Executive Director

Bureau of Local Government Finance

Department of Finance

8th floor, EDPC Bldg., BSP Complex,

Roxas Blvd., Malate, Manila

**Thru: \_\_\_\_(Name of Regional Director)\_\_\_\_\_\_\_\_**

**\_\_\_\_(Address of BLGF-Regional Office)\_\_**

Dear **Director [NAME]:**

Relative to the loan application of the (Name of LGU) , with the (Name of Lending Institution), may we request for the issuance of Certificate of Net Debt Service Ceiling and Borrowing Capacity from that Office, with the following information provided for your reference/consideration:

|  |  |  |
| --- | --- | --- |
| **Credit Facility** | **Term of Loan** | **Amount of Loan** |
| * [*Indicate the purpose of the loan as stated in the approved Resolution.*] | * [*Indicate the number of years to pay including grace period and the interest rate (Refer to Offer Sheet from the lending institution)*] | * [*Indicate the amount of proposed loan*] |

Attached are the documents required to facilitate our request in compliance with DOF DO No. 054.2016, dated 25 October 2016, to wit:

1. Certification by the Local Treasurer of presence or absence of loan/s;
2. Commission on Audit (COA) Annual Audit Certificate for the most recent year, supported by year-end financial reports for the past three (3) years, and the Agency Action Plan and Status of Implementation (AAPSI) of the latest Annual Audit Report (AAR) recommendations if the LGU had adverse findings; [and]

[*Include the following item 3 if the lending institution is (1) not an authorized government depository bank or (2) an authorized government depository bank but required to obtain the prior approval of the BLGF.*]

1. Certification issued by the lending institution stating that it shall not require LGU deposits as compensating balance for the loan.

The authorized representative/s of the (LGU Type) is/are Mr/Ms (Name of the Local Treasurer) and Mr/Ms who shall be the focal person/s for this application. He/She/They may be contacted thru (Tel No/ Mobile No/ Email Address) .

[*Choose one mode of receipt of the Certificate.*]

Kindly send the certificate thru registered mail.

We will pick up the certificate thru our authorized representative.

Thank you.

Very truly yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Signature

Title of LCE