FDPP Form 2 - Statement of Indebtedness, Payments and Balances

(DOF-BLGF Memorandum Circular No. 005-2018 dated January 22, 2018, Annex E)

Statement of Indebtedness, Payments and Balances (SIPB)

REGION:	REGION III - CENTRAL LUZON	**CALENDAR YEAR:**	2023
PROVINCE:	PAMPANGA	**QUARTER:**	1
CITY/MUNICIPALITY:	MEXICO		

Instruction: Please prepare a Statement for each kind of loan.

ITEM NO.	PARTICULARS	DETAILS
1	LGU Income Classification	1st Class
2	Date of Report	05/25/2023
3	Lending Institution (***Bank*** *or* ***Creditor***)	N/A
4	Certificate Number - NDSC/BC	N/A
5	Date of Certification - NDSC/BC	N/A
6	Monetary Board (MB) Resolution Number	N/A
7	Date of MB Opinion	N/A
8	Date of Approval Loan	N/A
9	Amount Approved*	N/A
10	Maturity Date	N/A
11	Type of Indebtedness Instrument (***Loan, Bond or other form of indebtedness***)	N/A
12	Purpose of Indebtedness	N/A
13	Terms and Conditions: Fixed or Variable	N/A
14	Terms and Conditions: No. of Years of Indebtedness	N/A
15	Terms and Conditions: Interest Rate	N/A
16	Terms and Conditions: Grace Period (***Number of Months or Years***)	N/A
17	Frequency of Payment	N/A
18	Annual Amortization: Principal	N/A
19	Annual Amortization: Interest	N/A
20	Annual Amortization: Gross Receipt Tax (GRT)	N/A
21	Starting Date of Payment	N/A
22	Cumulative Payment from Starting Date: Principal	N/A
23	Cumulative Payment from Starting Date: Interest	N/A
24	Cumulative Payment from Starting Date: GRT	N/A
25	Total Amount Released (***Availment as of date***)	N/A
26	Remaining Balance to Date / Undrawn Amount (***Line 9-25=26***)	N/A
27	Outstanding Loan Balance After Principal Payment (***Line 9-22=27***)	N/A
28	Arrears: Principal (if any)	N/A
29	Arrears: Interest (if any)	N/A
30	Collateral Security	N/A
31	Deposit to Bond Sinking Fund for the Year	N/A
32	Sinking Fund Balance to Date, if any	N/A
33	Breakdown of Fees and Other Related Costs (of loan)	N/A
34	Other Relevant Terms and Conditions (of loan)	N/A

Certified Correct by:

MARIA THERESA S. SAMPANG
Municipal Treasurer

Date Issued:

05/25/2023

Note:

**Please indicate if on a staggered basis.*