

PANABO MULTI-PURPOSE COOPERATIVE

"WHERE PEOPLE INVEST IN PEOPLE"



MEMBER'S INFORMATION FORM

ATTACHED
2X2 ID PICTURE



CLIENT ID NO.: _____

REFERENCE NO.: _____

PERSONAL DATA

	LAST NAME	FIRST NAME	MIDDLE NAME	NAME EXT.
MEMBER'S NAME				
FATHER'S NAME				
MOTHER'S NAME (MAIDEN NAME)				
MEMBER'S NAME AS APPEARING ON THE BIRTH CERTIFICATE				
BIRTHDATE MM/DD/YYYY	GENDER FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>		CIVIL STATUS	
HEIGHT:			SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/>	
WEIGHT:			WIDOWER <input type="checkbox"/> LEGALLY SEPTD. <input type="checkbox"/>	
BIRTHPLACE CITY/ MUNICIPALITY/ PROV./COUNTRY		HIGHEST EDUCATIONAL ATTAINMENT:		COURSE:
		SCHOOL LAST ATTENDED:		
NAME OF SPOUSE:		EMPLOYMENT STATUS:		
BIRTH DATE:		MONTHLY INCOME:		
OCCUPATION:		SPOUSE CONTACT NUMBER:		

ADDRESS AND CONTACT DATA

UNIT/RM. NO.	LOT NO.	BLK NO.	PHASE NO.	HOUSE NO.	STREET NO.	SUBDIVISION
BARANGAY	MUNICIPALITY/CITY		PROVINCE		ZIP CODE	
LENGTH OF STAY: _____	OWNED <input type="checkbox"/>	RENTED <input type="checkbox"/>	LIVING W/ PARENTS <input type="checkbox"/>		EMAIL ADDRESS: _____	
MOBILE NUMBER: _____		HOME NUMBERS: _____				
PRIMARY ID (any 1)	TIN:	UMID/SSS:	GSIS:			
SECONDARY ID (any 2)	<input type="checkbox"/> HDMF/PAGIBIG <input type="checkbox"/> DRIVER'S LICENSE <input type="checkbox"/> PRC <input type="checkbox"/> VOTER'S ID <input type="checkbox"/> COMPANY ID	<input type="checkbox"/> BRGY ID <input type="checkbox"/> STUDENT ID <input type="checkbox"/> PASSPORT <input type="checkbox"/> SENIOR CITIZEN	<input type="checkbox"/> AFP <input type="checkbox"/> PNP <input type="checkbox"/> PHILHEALTH <input type="checkbox"/> OWWWA ID	<input type="checkbox"/> POLICE CLEARANCE <input type="checkbox"/> BRGY. CERTIFICATE <input type="checkbox"/> POSTAL ID <input type="checkbox"/> SEAMAN'S BOOK		

EMPLOYMENT/OCCUPATION BUSINESS DATA

BUSINESS/EMPLOYER NAME	EMPLOYMENT STATUS	
BUSINESS/EMPLOYER ADDRESS	BUSINESS / EMPLOYER CONTACT NO.	
OCCUPATION	DATE HIRED	MONTHLY SALARY
OTHER SOURCE OF INCOME: _____	MONTHLY INCOME: _____	

BENEFICIARIES AND DEPENDENTS

NAME	AGE	BIRTHDATE	RELATIONSHIP	PMPC MEMBER (Yes or No)

PRE-MEMBERSHIP EDUCATION SEMINAR DATE: _____
CONDUCTED BY: _____

RECEIVED BY: _____
ENCODED BY: _____

MEMBERSHIP & SUBSCRIPTION OF AGREEMENT

**The Board of Directors
Panabo Multi-Purpose Cooperative
Panabo City**

Gentlemen:

I, _____ a resident of _____ agree to be a member of PMPC, I have completed the training course prescribed for the prospective members and I understand the purposes and objectives of PMPC.

In this connection with such membership, I hereby agree to the following terms and/ or conditions.

- 1.) To comply with the provision of the Articles of Cooperation, by laws and policies set by the Board of Directors, the General Membership Assembly as well as acts of duly constituted authorities and if failure on my part to do so, the PMPC at its option, may fine, suspend or expel me from membership where upon all my shares holdings shall be answerable for my Liabilities to PMPC;
- 2.) To attend all meeting, conferences and seminars and assemblies as required/called by the Board of Directors;
- 3.) To participate in savings program by:
 - a. Subscribe for at least _____ shares valued at P250.00/pay value and pay either lumpsum or regular installment If on installments, pay at least the value of one (1) share upon approval of my application for membership in regular monthly/bi-monthly, weekly and daily installment of P _____.
 - b. To contribute into the share capital, among others, at least 50% of annual interest on capital and patronage refund due to me.
- 4.) To pay the required registration and membership fees.
- 5.) To comply with the directives of duly constituted authorities as well as the decision of the Board of Directors regarding the operating policies of PANABO MULTI PURPOSE COOPERATIVE.

MEMBERSHIP DISCLOSURE:

- 1.) I confirm that all the information disclosed in this customer information sheet is correct and complete. Any changes in foregoing information shall be communicated to the Cooperative. I hereby authorize the Cooperative to verify and investigate any and all information given by me which the Coop may deem appropriate.
- 2.) I hereby acknowledge and authorize the Cooperative:
 - a. the regular submission and disclosure of my basic credit data (as defined under Republic Act No. 9510 and its Implementing Rules and Regulations) to the Credit Information Corporation (CIC) as well as any updates or corrections thereof;
 - b. the sharing of my basic credit data with other lenders authorized by the CIC, and credit reporting agencies duly accredited by the CIC.

The provisions of this agreement, Articles of Cooperation and By-Laws have been explained to me which I understood and agreed upon. In all of the above undertakings, I am aware that the Board of Directors and the PMPC may impose sanctions against me or perform any act necessary to make the sanction/s effective without going to court.

In witness hereof, I have here unto affixed my signature / right hand thumb mark this _____ day of _____, 20_____.

- *Note: Required Minimum Capital Investment for Regular Membership is P 2,000.00 IN CASE OF WITHDRAWAL OF MEMBERSHIP:*
 1. Membership Fee and Registration Fee are NON-REFUNDABLE.
 2. A Withdrawal fee of P 40.00 for the passbook charge.

MEMBERSHIP IN OTHER COOPERATIVE / BANKS AND OTHER FINANCIAL INSTITUTION:

FINANCIAL INSTITUTION	LOAN AMOUNT	TOTAL DEPOSIT	
COOPERATIVE: _____	_____	_____	_____ Applicant's Signature over Printed Name
BANK: _____	_____	_____	
OTHER: _____	_____	_____	_____ Applicant's Spouse Signature over Printed Name Date Signed: _____

ACTIONS OF THE BOARD OF DIRECTORS

During our meeting on _____, the Board of Directors () Approved () Disapproved this application. The action of the Board was only after the application submitted proof that he/she completed the educational requirements and category made known that he/she desires to become a member of Panabo Multi-Purpose Cooperative upon knowing his/her rights and duties as a member.

_____ _____ _____
Branch Manager **Board Secretary** **Chairman of the Board**

SKETCH MAP





PANABO MULTIPURPOSE COOPERATIVE (PMPC)
“where people invest in people”

A. DECLARATION OF DESIGNATED BENEFICIARIES

In case of member’s death, the designated heirs/beneficiaries are authorized to process and claim the Share Capital Investments, Regular Savings, Time Deposit, Mortuary Aid Program (MAP) proceeds, Accident Insurance, Interests and any other savings/funds balances available for the deceased member based on their designation:

- **PRIMARY (P) BENEFICIARY** – primary recipient who may be REVOCABLE or IRREVOCABLE
- **SECONDARY (S) BENEFICIARY** - receives available funds or balances should all the primary beneficiaries die before the insured individual and is revocable
- **REVOCABLE (R)** – may be changed or removed any time by the member without the consent of the said beneficiary/ies
- **IRREVOCABLE (I)** – cannot be changed or removed by the member without the consent of the said beneficiary/ies
- If no designation indicated, default designation is Primary and Revocable
- If no amount or percentage of sharing indicated, primary beneficiaries shall share equally the plan value
- For beneficiaries below 18 years old, the representative of the beneficiary must submit a court-approved Affidavit of Legal Guardianship

Full Name of Beneficiaries	Sex	Birthdate	Designation	Relationship to the Plan Holder	Exact Amount / % of Sharing (Optional)	PMPC Member (Yes or No)
			()P : ()R ()I ()S			
			()P : ()R ()I ()S			
			()P : ()R ()I ()S			
			()P : ()R ()I ()S			
			()P : ()R ()I ()S			
			()P : ()R ()I ()S			

I understand that in the absence of a designated beneficiary or if there is no surviving designated beneficiary at the time all available funds or balances due will be paid out, PMPC will release the due amount to the following order of beneficiaries: surviving legitimate spouse; surviving legitimate, legitimated, and legally adopted children; surviving illegitimate children; surviving parents; surviving siblings of the full blood; surviving siblings of the half-blood; or estate.

 Member’s Name & Signature

 Date Signed



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DATA PRIVACY CONSENT FORM

Panabo Multipurpose Cooperative (PMPC) acknowledges its responsibility to the members in the implementation of Republic Act No. 10173 also known as the Data Privacy Act of 2012.

PMPC puts premium value to the privacy and security of data collected, recorded, organized and used.

The data or information gathered shall be used only for the following purposes:

1. Processing of transactions, i.e loans, savings, mortuary and other form of services or assistance
2. Reporting to the Management, Board of Directors, and regulatory bodies
3. Establishing and maintaining member information systems
4. Analysis for product or service enhancement
5. Announcements, promotion of events, and programs
6. Activities pertaining to membership care and growth

PMPC shall not disclose member’s personal information without the owner’s consent.

MEMBER CONSENT

I have read the Cooperative’s Data Privacy Statement and express my consent for the PMPC to collect, record, organize, update or modify, retrieve, consult, use, consolidate, block, erase or destruct my personal data as part of my information.

I hereby affirm my right to be informed, object to processing, access and rectify, suspend or withdraw my personal data, and be indemnified in case of damages pursuant to the provisions of the Republic Act No. 10173 of the Philippines, Data Privacy Act of 2012 and its corresponding Implementing Rules and Regulations.

Complete Name of Member: _____

Signature: _____

Date: _____

If below 18 years old,

Signature of Parent or Guardian:

Printed Name of Parent or Guardian:

Date: _____