Manager

**DALDESCO PRINTING**



**SERVICE COOPERATIVE**

**Purok Malipayon, Gante II, Magugpo West, Tagum City**

Tel No. (084) 308-4793, Mobioe Phone NO. 0933-863-8324

**APPLICATION FOR MEMBERSHIP (INDIVIDUAL)**

**I hereby apply for membership in the**

**DALDESCO PRINTING SERVICE COOPERATVE**

**and agree to faithfully obey its rules and regulations as set down in its By-Laws, policies and amendments thereof, and the decisions of the General Assembly meetings as well as those of the Board of Directors.**

**I have paid the required membership fee of P500.00**

**I also, hereby pledge to subscribe initially for share/shares (common stock) with a par value of of the Capital Stock of said cooperative and to pay the amount of equivalent to share/shares as my initial paid-up capital. The balance of my subscription I promise to pay in monthly/ quarterly/semi-annually installments of .**

**PERSONAL DATA:**

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Present Address: | | |
| Civil Status: | Gender: | Citizenship: |
| Date of Birth: | | |
| Place of Birth: | | |
| Occupation: | | |
| Present Employer: | | |

**LIST OF DEPENDENTS:**

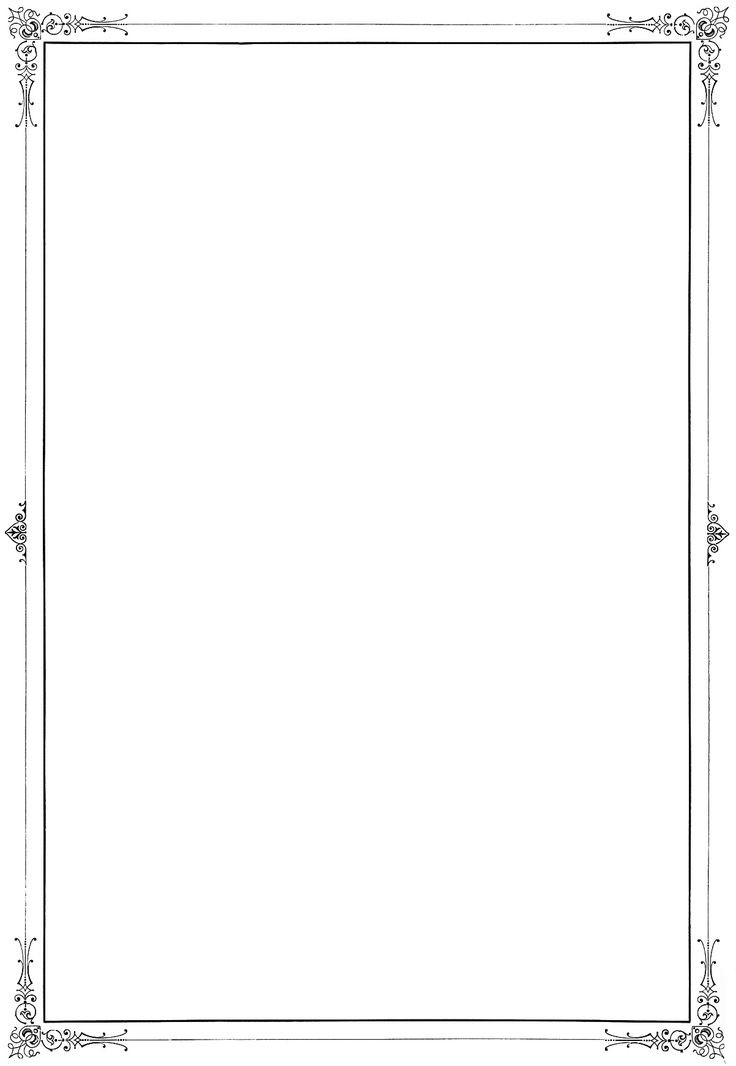
|  |  |  |
| --- | --- | --- |
| NAME | AGE | RELATIONSHIP |
|  |  |  |
|  |  |  |
|  |  |  |

Signature of Applicant

This application was approved by the Board of Directors of DALDESCO in its meeting held on\_\_\_\_\_,20\_\_.

**Sofronio V. Talisic Precy L. Manla**

Chairperson of the Board Secretary of the Board



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**DALDESCO MORTUARY**

**“*Dayong* “**

**CERTIFICATE OF COVERAGE**

Membership

This is to certify that

Name of Member

has been registered as member of the DALDESCO Mortuary Program and is entitled to all rights/ privileges and benefits relative thereto.

This certificate of Coverage is valid only for one (1) year from the date of effectivity.

Effective Date: Maturity Date: Benefits:

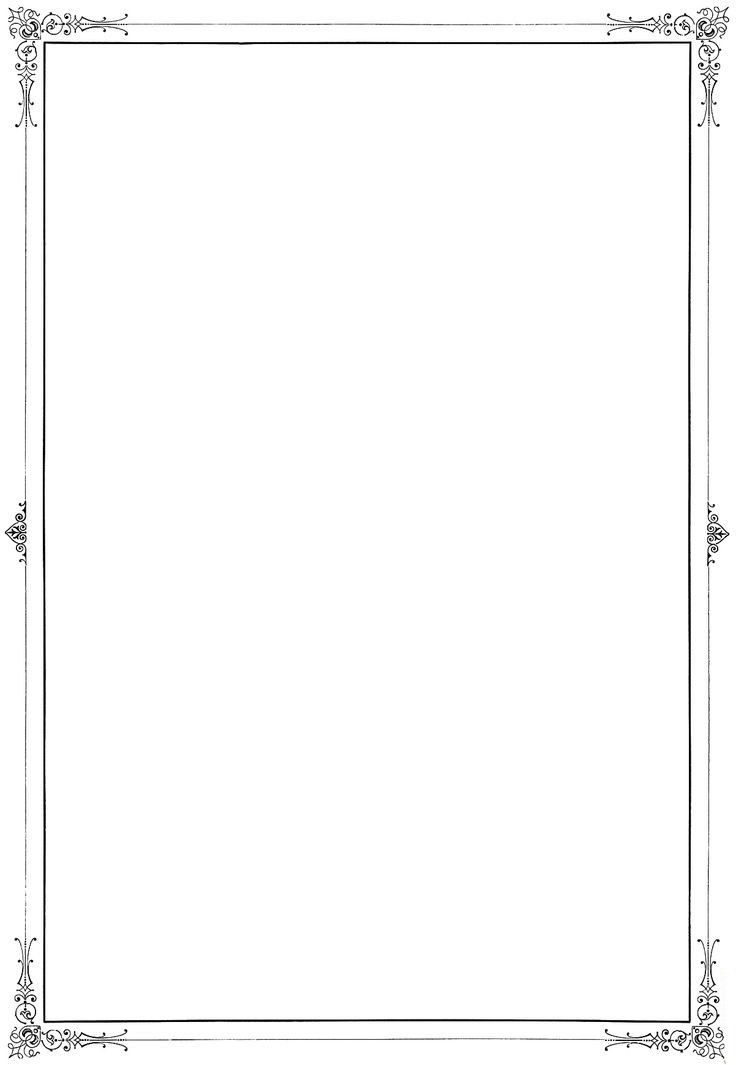
Cash Assistance- P 10, 000.00

Wreath or cash- P 500.00

Manager Chairperson

This Certificate of Coverage is subject to the Terms and Conditions stated at the back hereof

NB



**TERMS AND CONDITIONS ON DALDESCO MORTUARY**

**OBJECTIVE**

The DALDESCO Mortuary Aid Program is established for cash assistance of individual members regardless of age and health condition in aid for funeral and burial services

**DEFINITION**

**COVERED MEMBER.** An individual DALDESCO member who has initially deposited the said fund of P500.00 that shall be deducted from the Interest on Share Capital & Patronage Refund and is issued the corresponding, Mortuary Policy Certificate by DALDESCO.

**POLICY SPECIFICATIONS**

 Each Member shall contribute P100.00 per death & shall be deducted from the said fund deposited by the member However, DALDESCO reserves the right to establish new premium rate as it deems fit and advisable.

 Immediate family member shall only be the one to claim the mortuary aid of ten thousand

(P10,000.00) and a wreath.

 The said fund collected from the members shall be deposited in a separate Bank Account.

 The signatories of the bank account where the said fund was deposited shall be appointed by the board of directors.

 In the event during the year, the said fund of the member will be exhausted, he/she has to be collected an amount of one hundred (P100.00) pesos per death.

 The said fund of the mortuary program shall always be replenished every year & shall be deducted from its patronage refund & interest on share capital every year.

 **PERIOD OF COVERAGE.** Each member who is qualified shall become eligible on the date he/she has deposited the said fund of P500.00.

 **TERMINATION OF MEMBER’S COVERAGE.** The mortuary of a member shall automatically be terminated (thus, his heirs and/or designated beneficiaries can no longer claim any benefits thereto) on the following circumstances.

1. When the member has been expelled from the cooperative

2. When the member has voluntarily terminated his membership

3. When the member fails to pay the premium for the next applicable year, on or before the date of termination for the current year.

 **BENEFICIARY:** A member shall designate his legal beneficiary upon his coverage hereunder, and may at any time hereafter, designate a new beneficiary by filing through the Secretary of DALDESCO, a written request

That upon the death of a Covered Member, the indemnity for the loss of life of a member shall be payable to his designated surviving beneficiary or if there is no legal beneficiary designated, or on default thereof, or when the designated beneficiary pre-deceased the Covered-Member, the benefit shall be given to the lawful surviving heirs in accordance with the law of succession

 **PREMIUM PAID NON-REFUNDABLE.** When the mortuary of a Member has been automatically terminated as herein provided, the premium paid by him/her is non-refundable.

**BIO-DATA**

**PERSONAL DATA:**

Position Desired: Name:

Municipal/City Address: Provincial Address:

Place of Birth: Civil Status: Occupation: Color of Hair: Spouse:

Languages or Dialects You Can Speak or Write:

Date: Sex: Height: Weight:

Date of Birth: Citizenship: Religion: Color of Eyes:

Mobile Phone:

Contact Person In Case of Emergency: Address/Mobile Phone:

**EDUCATIONAL ATTAINMENT:**

Elementary: High School: Vocational Course: College:

Course:

Year Graduated: Year Graduated: Year Graduated: Year Graduated: Special Skills:

**NAME OF CHILDREN: DATE OF BIRTH:**

Father’s Name: Mother’s Name: Address:

**EMPLOYMENT RECORD: (from present work backward)**

Occupation: Occupation:

**From To Position Company**

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

**CHARACTER REFERENCES**

Not Related To You

**Name Occupation Address**

Cedula No.

I hereby certify that the above information is true and correct to the best of my knowledge & belief.

Applicant’s Signature

Issued at:

Issued on:

SSS No.:

Tax Identification No.:

