

PASSBOOK NO. _____

2X:

PERSONAL INFORMATION :

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____
 BIRTHDATE _____ PLACE OF BIRTH _____ GENDER _____ CIVIL STATUS _____
 CIVIL STATUS _____ HIGHEST EDUCATION _____ NO. OF CHILDREN _____
 Complete Present Address : _____
 Living with Parents : Yes ☐ RENTED ☐ OWNED
 No ☐ HOUSE OWNER IF RENTED _____
 Complete Provincial Address : _____
 HOME PHONE NO. _____ MOBILE PHONE NO. _____

EMPLOYMENT INFORMATION/ SELF EMPLOYED OR BUSINESS INFO

COMPANY NAME _____ ADDRESS _____
 POSITION _____ EMPLOYMENT STATUS _____ YRS. OF EMPLOYMENT _____
 LINE OF BUSINESS _____ ADDRESS _____
 SALARY (annual) _____ BUSINESS INCOME (annual) _____ other _____
 OFFICE PHONE NO. _____ EMAIL ADDRESS _____
 TIN _____ GSIS/SSS _____ DRIVER'S LIC. _____

PARENTS INFORMATION

MOTHER'S MAIDEN NAME _____ FATHER'S NAME _____
 ADDRESS _____

SPOUSE INFORMATION(if applicable)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____
 COMPANY NAME _____ ADDRESS _____
 MOBILE NO. _____ OFFICE PHONE NO. _____ EMAIL ADDRESS _____
 SPOUSE SALARY _____ SPOUSE BUS. INCOME _____
 ASSETS OWNED:
 1. _____ 2. _____ 3. _____

The Board of Directors
 Cordova Multipurpose Cooperative
 Cordova, Cebu

I, _____ would like to be a member of CORDOVA MULTIPURPOSE COOPERATIVE. I promise to abide with the rules & regulations set therein in accordance with the Cooperative By-Laws & its amendments & policies set by the Board of directors with the decision of the General Assembl
 As a member, I promise to make initial deposit of ONE THOUSAND PESOS(Php1,000.00) as Paid-up-Shares & to regularly deposit of _____
 (P _____)every(day, week, month) so that my Paid- Up-Shares will increase thereby increasing the capital of CMC to serve the General Membership.

This application for membership was () approved, () deferred () disapproved by Board of Directors on It's meeting held on _____ with
 Resolution no. _____ series of _____

Printed name & Signature of member

REQUIREMENTS:

- *Membership application form with PMES certificate
- *Sketch of residence at the back of this form
- *Tax Identification Number (TIN)
- *2pcs. 2x2 recent picture
- *Photocopy of of (2) two government/valid ID cards
- *Barangay clearance (photocopy)
- *Marriage or Birth certificate (photocopy)
- *Business Permit - unexpired (for business)

Required Deposits:

Share Capital 1250
 Savings Deposit 500
 Membership Fee 100
 FONUS 720

BOARD OF DIRECTOR'S NAME & SIGNATURE

Additional Requirements for EMPLOYED:

1. One (1) month Latest Payslip
2. Certificate of Employment with salary informat

For OFW

- *Latest Bank Statement or Receipts of Remittance
- *Contract of employment - current/unexpired

Recommended by : _____

Received & Encoded by _____

Printed Name & Signature



FONUS CEBU



FEDERATION OF COOPERATIVES

R. Conna St., Ibabao Estancia, Mandaue City 6014, Cebu, Philippines CDA Reg. #: 9529-07020055
Tel. No. (032) 272-2493 Email: FONUS@CEBU@gmail.com

Our Value: Human Dignity

MEMBERSHIP APPLICATION FORM

Group Yearly Renewal Term Program (GYRTP)

Control No.:	Type of Life Insurance:	Annual Amount Payable:
<input type="checkbox"/> Individual Program	<input type="checkbox"/> Mercury Package	Php. _____
<input type="checkbox"/> Family Program	<input type="checkbox"/> Venus Package	
<input type="checkbox"/> Senior Citizen Program	<input type="checkbox"/> Earth Package	
	<input type="checkbox"/> Mars Package	
	<input type="checkbox"/> Jupiter Package	

Member Personal Information

Last Name		First Name		Middle Name	
Name:					
No.	Street	Barangay	District/City		Zip Code
Residential Address:					
Nationality:			Civil Status:		
Date of Birth:			Place of Birth:		
Age:			Gender:		
Height:			Weight:		
Contact Number:			Email Address:		
Religion:			TIN No.:		
Name of Employer:			SSS No.:		
Office Address:					
Office Tel. No.:					
Beneficiaries	Name	Relation	Age		
For Family					
Program Only	1				
	2				
	3				
	4				

Signed this _____ day of _____, 20____ at _____

COOP Authorized Person

Over Printed Name and Signature of Applicant

Date Received

Terms -- Life Insurance Package

Summary of Benefits - Individual

Funeral Plan	Annual Premium	Natural Death	Accidental Death
Mercury Package	Php. 500.00	20k Funeral Service/10k Cash Assistance	70k Cash Assistance
Venus Package	Php. 800.00	40k Funeral Service/10k Cash Assistance	90k Cash Assistance
Earth Package	Php. 1, 200.00	60k Funeral Service/10k Cash Assistance	110k Cash Assistance
Mars Package	Php. 1, 400.00	80k Funeral Service/10k Cash Assistance	130k Cash Assistance
Jupiter Package	Php. 1, 700.00	100 Funeral Service/10k Cash Assistance	150k Cash Assistance

WHITE DIARY:

Summary of Benefits - Family (Annual Premium Php. 500)

Member	Spouse	Child (max of 3)
20k Funeral Service	20k Funeral Assistance	10k Cash Assistance
40k Cash Assistance		

Notes:

- Life Insurance Package Premium is subject to change without prior notice.
- Planholder has the option to convert the funeral service into cash equivalent to 75% of the actual amount of funeral services.

Scope of Memorial Services

1. Pick up of Cadaver	5. Assure funeral service leaves on time as scheduled
2. Preservation of Cadaver good for 7days	6. Provides funeral hearse to transport from viewing to interment site (25km free)
3. Set-up for viewing (Home/Fonus Cebu Chapel TM)	7.1 wreath flower arrangement stand.
4. Preparation of Interment	

*Rental of Standard Chapel @ Php.2, 000.00 per day for four (4) days and on the 5th (5th) day rental @ Php. 10, 000.00 per day.

FONUS CEBU FEDERATION OF COOPERATIVES -- MEMORIAL SERVICES

Upon full payment of the selected package the PLANHOLDER is automatically entitled to all benefits enumerated in the package.

1. Fonus Attends to first call. (24/7 on-call) via MEMBER COOPERATIVE, HOSPITAL AGENT CALLER & FAMILY of the PLANHOLDER.
2. Fonus Cebu caters funeral services within Metro Cebu or Fonus inform the Nearest Accredited Funeral Parlor Tie-up to Cater the Funeral Service.
3. Fonus and or Accredited Funeral Parlor to verify the endorsement and final verification.
4. Fonus and or Accredited Funeral Parlor upon coordination with the family Execute, Retrieval, Handling, Embalming & casketing preparation of body for viewing/viewl in Fonus Cebu chapel or a place of their choice upto interment.

The services provided for by FONUS CEBU and or accredited FUNERAL PARLOR which prepared the body shall be covered by this term. All other services requested by the PLANHOLDER's LEGAL REPRESENTATIVE performed by other mortuaries shall be for the account of the family.

Over Printed Name and Signature of Applicant

 CORDOVA MULTI-PURPOSE COOPERATIVE	<input type="checkbox"/> New Account	<input type="checkbox"/> Updating	Date _____
	ACCOUNT NAME (To be filled-out by the Cooperative)		
CUSTOMER INFORMATION AND SPECIMEN SIGNATURE CARD			
Data of corporate account or primary account-owner in case of individual account			
PERMANENT ADDRESS / PLACE OF BUSINESS (NUMBER, STREET, CITY/MUNICIPALITY/PROVINCE)	NATIONALITY	CIVIL STATUS	RESIDENCE TEL. NO (S)
	SOURCE OF FUNDS		DATE OF BIRTH/INCORPORATION
	INITIAL DEPOSIT		PLACE OF BIRTH
PRESENT / MAILING ADDRESS (NUMBER, STREET, CITY/MUNICIPALITY/PROVINCE)	OCCUAPTION		TAX IDENTIFICATION NUMBER
	IS's PRESENTED (SSS / GSIS NO.)		
OFFICE (Name, Address)	OFFICE TEL. NO.(s)		E-MAIL ADDRESS/CELLPHONE NO.
TO BE FILLED-OUT BY THE COOPERATIVE			
ACCOUNT NO. (S) OPENED	DATE OPENED	OFFICER'S INITIAL	DATE DORMANT
		OFFICER'S INITIAL	DATE RE-ACTIVATED
		OFFICER'S INITIAL	DATE CLOSED
		OFFICER'S INITIAL	
		OFFICER'S INITIAL	
		OFFICER'S INITIAL	

I/We hereby agree to have this Specimen Signature Card used for all accounts to be opened on my/our behalf and to have my/our deposit account(s) with Cordova Multi-Purpose Cooperative governed by the terms and conditions set forth by the Bank as well as the Bangko Sentral ng Pilipinas and the Bankers Association of the Philippines relative to establishing and operating deposit accounts.		
SIGNATORY 1 PHOTO Passport Size 1.77 x 1.33	OTHER INSTRUCTION / REMARKS (FOR BANK'S USE ONLY) Interbranch transaction with _____ Others _____ SIGNATORY 1 Name _____ Address _____ Tel. No. (s) _____ Birthdate _____ SIGNATORY 2 Name _____ Address _____ Tel. No. (s) _____ Birthdate _____	SIGNATORY 2 PHOTO Passport Size 1.77 x 1.33
CORDOVA MULTI-PURPOSE COOPERATIVE will recognize () ANY ONE () ANY TWO () ALL of the following signatures in the payment of the funds and other transactions on my/our account.		
1. _____ 1. _____ 1. _____	2. 2. 2.	_____ _____ _____
Signed in the Presence of	Signature Authenticated By	Approved By (In Full Signature)