



KING MULTIPURPOSE COOPERATIVE

2/F King MPC Bldg., 4 Palma Gil St., Davao City
Tel. nos. (082) 227 - 1127, 226 - 4636; Telefax 221 - 0462, 227 - 1128

APPLICATION FOR MEMBERSHIP

THE BOARD OF DIRECTORS
King Multipurpose Cooperative
Davao City

BOARD OF DIRECTORS:

I hereby apply for membership in **KING MULTIPURPOSE COOPERATIVE**. I agree to abide faithfully its rules and regulations as set forth in its Articles of Cooperation and By - Laws, promulgated by the Board of Directors and the Representative Assembly.

I Hereby AGREE:

1. To pay the membership fee of P200.00.
2. To subscribe for a minimum of at least ONE HUNDRED (100) shares equivalent to the value of TEN THOUSAND PESOS (P10,000.00) payable either in lump sum or installment. One (1) share is equivalent to P100.00. To initially pay at least TEN (10) shares equivalent to the value of ONE THOUSAND PESOS and the remaining balance to be paid at least P 250.00 every month within 36 months or as maybe prescribe by the Board of Directors. Due and unpaid subscribe share capital shall be subject to a fine of two percent (2%) of the amount due for every month of delinquency.
3. To open a savings account with an initial deposit of P 100.00 and develop within me the habit of thriftiness by saving at least P100.00 a month to my savings account.
4. To be covered, as part of my membership, under the Life Insurance and to be automatically renewed annually with annual premium to be deducted from my savings deposit (Life Insurance application attached.)
5. **To contribute under the Mortuary (in case of death of member 65 years old and above) the amount of P20.00 monthly to be deducted from my savings deposit account.**
6. To be issued with share certificate when share capital reaches P 10,000.00 and above.
7. To comply with the directives of duly constituted authorities as well as the decision of the Board regarding the operating policies of King Multipurpose Cooperative.

The provision of this agreement have been explained to me, I understood them and agree to abide with all of them. In witness hereof, I have hereunto affixed my signature this _____ day of _____, 20_____.

Enclosed:	1. Payment	
	Membership Fee	P 200.00
	Life Insurance Annual Premium	550.00
	Minimum Savings Deposit	100.00
	Membership Identification (I.D.)	75.00
	Minimum Share Capital	1,000.00
		<u>TOTAL P 1,925.00</u>

2. **PMES Certificate valid for six (6) months from the date of issuance.**

* A member may for any reason, terminate his membership from the cooperative by giving a 60 - day notice to the Board of Directors. However, no member shall be allowed to terminate his membership during any period in which he has any pending obligation with the cooperative.

IN CASE OF TERMINATION OF MEMBERSHIP:

1. Membership Fee, Life Insurance premium are NON - REFUNDABLE
2. **A Termination Fee of P 200.00 or one percent (1%) of the share capital withdrawn, whichever is higher, shall be charged.**

Signature of Applicant
Above PRINTED NAME

Recommended by:

Approved by:

Noted by:

Signature Above PRINTED NAME

Branch Manager

NESTOR D. ORTIGOZA
General Manager

Confirmed by the Board of Directors during their BOD Meeting thru:
BOD Resolution No. _____ **dated:** _____

REMINDERS

Please pay directly to the CASHIER and for every payment you make, demand an Official Receipt. Please get the following documents upon payment of P 1,925.00

1. Official Receipt
2. Share Passbook
3. Savings Passbook
4. Membership ID



PERSONAL INFORMATION

Title: TITLE.

Nickname: NICKNAME

First Name: FIRST NAME

Last Name: LAST NAME

Middle Name: MIDDLE NAME

Previous Last Name: PREVIOUS LAST NAME

Suffix: JR.

Age: 30

Gender: Male

Date of Birth: 1998-06-01

Nationality: FILIPINO

Country of Birth: PHILIPPINES

Place of Birth: DAVAO CITY

Resident: FILIPINO

Civil Status: single

Total No. of Dependents: 3

No. of Children: 0

No. of Household Members: 4

No. of Real Estate Property Owned: 2

Number of Car(s) owned: 2

Spouse Information

Spouse Age: 24

Spouse Occupation: SPOUSE OCCUPATION

Spouse Employer: SPOUSE EMPLOYER

Spouse Address: SPOUSE ADDRESS

Mother's Information

Mother's First Name: SAMPLE

Mother's Middle Name(Maiden): SAMPLE

Mother's Last Name(Maiden): SAMPLE

Mother's Suffix: II

Father's Information

Father's First Name: SAMPLE

Father's Middle Name: SAMPLE

Father's Last Name: SAMPLE

Father's Suffix: JR.

Valid Identification Cards

SSS ID No.: 123456789

GSIS ID No.: 00000000

TIN ID No.: 111111111

Other Valid ID

ID Type	ID Number	ID Issued Date	ID Expiry Date	ID Issue Country	Issued By	Last Update Date
test	123-456	2000-12-12	2000-12-12	PHILIPPINES	Test	2000-12-12
Test	123-456	2000-12-12	2000-12-12	PHILIPPINES	Test	2000-12-12

Address

Address Type	Full Address	Ownership Type	Occupied Since	Last Update Date
Present Residential Billing/Mailing Address	PRESENT RESIDENTIAL ADDRESS SAMPLE ONLY	Owned Monthly Rate: 10,000	2000-01-01	2000-01-01
Permanent / Provincial Address	PERMANENT ADDRESS ADDRESS SAMPLE ONLY	Owned Monthly Rate: 10,000	2000-01-01	2000-01-01

Contact Data

Primary Contact No.:	9123456789	Last Update Date:	2021-06-01
Additional Contact Number:	9123456789	Last Update Date:	2021-06-01

Employment Data

Company Trade Name (Employer):	TEST	Company TIN:	123-456
Nature of Company (PSIC):	TEST	Contact Number:	888-888
Gross Income:	100,000	Annual/Monthly:	150,000
Currency:	TEST	Occupational Status:	EMPLOYED
Date Employed:	2000-01-01	Position:	TEST
Full Address:	TEST		

Business Data

Company Trade Name (Employer):	TEST	Company TIN:	123-456
Nature of Business (PSIC):	TEST	Contact Number:	888-8888
Full Address:	TEST	Date Established:	2000-12-12

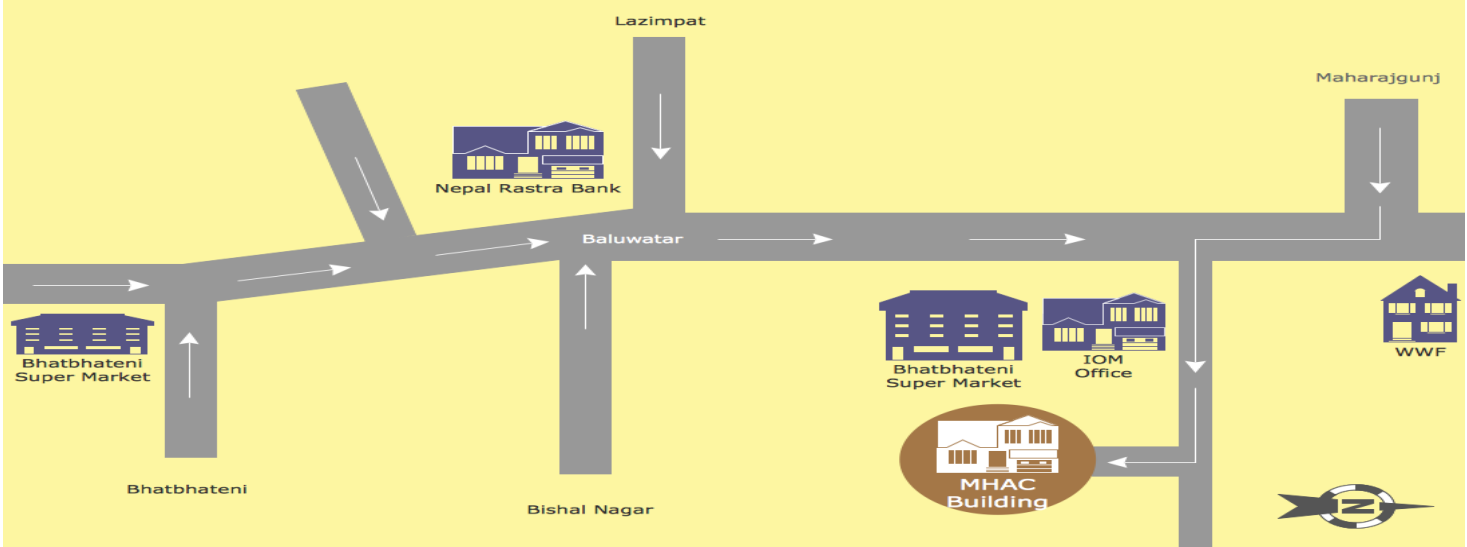
Source of Income: Employment

Income Received Via: ATM

References

Name	Address/Company	Tel No.
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Name	Address/Company	Tel No.
SAMPLE	SAMPLE	09123456789
SAMPLE	SAMPLE	09123456789



I hereby affirm that the information given by me is true and correct. I authorized you to verify and i nvestigate it from whatever sources you may consider appropriate. I also confirm and acknowledge that the above information and those which may arise as needed, is voluntary provided to King Multipurpose Cooperative pursuant to RA 9510 otherwise known as Credit Information System Act (CISA). I certify that I am fully informed and understood the following: 1. That, King Multipurpose Cooperative, is mandated to submit my basic credit data to Credit Information Corporation (CIC) 2. That the said credit data may be used by other lenders as authorized by CIC and other accredited credit reporting agencies. 3. That the said credit data could be used in establishing my future credit worthiness.

Applicant's Complete Name

Signature