

HOLY CROSS SAVINGS & CREDIT COOPERATIVE (HCSCCO)

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MEMBERSHIP APPLICATION FORM

Application Date: _____

Client ID No.: _____

Pangalan (Name): _____
(Apelyido/Surname) (Extension Name) (Una/First Name) (Gitna/Middle Name) (Nickname)

Present Address: _____
(House No., Lot/Blk. No.) (Street/Subdivision/Village) (Purok/Sitio) (Barangay) (City, Town, Municipality) (Province) (ZIP Code)

Permanent Address: _____
(House No., Lot/Blk. No.) (Street/Subdivision/Village) (Purok/Sitio) (Barangay) (City, Town, Municipality) (Province) (ZIP Code)

Mobile No.: _____ Landline No.: _____ Other Contact No.: _____

E-mail Address: _____ TIN No.: _____ Iba pang ID (Other ID Presented): _____

Kasarian (Gender at Birth): Babae Lalaki Petsa ng Kapanganakan (Date of Birth): _____ Relihiyon (Religion): _____

Kalagayang Sibil (Civil Status): (Please Check) Dalaga/Binata (Single) May Asawa (Married) Balo (Widow/Widower) Hiwalay (Legally Separated)

Lugar ng Kapanganakan (Place of Birth): _____ Kurso na Tinapos (Degree/Vocational Course): _____

Natapos na Pinag-aralan (Highest Educational Attainment): _____

Pangalan ng Paaralan (Name of School): _____

May-ari ng Bahay at Lupa (House & Lot Owner) TCT No.: _____ Tagal ng Panirahan (Length of Stay): _____

May-ari ng Condominium (Condo Owner) CCT No.: _____ Tagal ng Panirahan (Length of Stay): _____

May Sariling Bahay, Ang Lupa ay Pag-aari ng Iba (House Owner/Lot is owned by Somebody Else) Tagal ng Panirahan (Length of Stay): _____

Nakikisuno, kanino/kaugnayan (Living with Whom/Relationship): _____ Tagal ng Panirahan (Length of Stay): _____

Ang pinakikisunuan ay: May-ari ng Bahay at/o Lupa (House &/or Lot Owner) Umuupa (Renting)

Umuupa (Renting/Tenant): Bahay (House) Apartment Silid (Room) Tagal ng Panirahan (Length of Stay): _____

Pangalan ng May-ari ng Inuupahan (Name of Owner of Rented House/Apartment/Room): _____

Hanapbuhay (Occupation) (Please Check):

Empleyado/Kompanyang Pinapasukan (Employee/Name of Company): _____

Gobyerno (Government) Pribado (Private)

Sariling Negosyo/Uri ng Negosyo Self Employed/Nature of Business: _____

Abroad/OFW Position/Name of Company: _____

Pensiyonado (Pensioner) SSS GSIS

Buwanang Sahod/Kita (Monthly Income):

a) Bilang Empleyado (Monthly Salary)

b) Sa Sariling Negosyo (from Business)

c) Iba pang Pinagkakakitaan (Other Income)

Kabuuang Kita (TOTAL INCOME)

NG APLIKANTE (Applicant)

P _____

P _____

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P

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NG ASAWA (Spouse's)

P _____

P _____

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Pangalan ng Asawa (Spouse's Full Name): _____ Date of Birth: _____ No. of Dependents: _____

Hanapbuhay (Occupation) (Please Check):

Empleyado/Kompanyang Pinapasukan Position/Name of Company: _____

Gobyerno (Government) Pribado (Private)

Sariling Negosyo/Uri ng Negosyo (Self Employed/Kind of Business): _____

Abroad/OFW Position/Name of Company: _____

Pensiyonado (Pensioner) SSS GSIS

Anak: (Use extra sheet if necessary)

PANGALAN (Name)

GULANG (Age)

KAPANGANAKAN (Date of Birth)

1. _____

2. _____

3. _____

Ama: _____ Date of Birth: _____ Ina: _____ Date of Birth: _____

Kapatid: _____ Date of Birth: _____ Iba pang Tagapagmana (Other Beneficiaries): / Date of Birth: _____

1. _____ / _____

2. _____ / _____

3. _____ / _____

KAHILINGAN SA PAGSAPI

SA PAMAMAGITAN NITO, AKO AY NAGHAHAIN NG KAHILINGAN UPANG MAGING KASAPI SA **HOLY CROSS SAVINGS AND CREDIT COOPERATIVE (HCSCCO)**, AT BUONG PUSONG SUMASANG-AYON NA SUSUNDIN ANG KAUTUSAN AT ALITUNTUNIN AYON SA ITINADHANA NG SALIGANG-BATAS AT MGA ALITUNTUNING PANLOOB GAYON DIN ANG KANILANG MGA SUSOG AT ANG MGA PINAGTIBAY NA HAKBANG NG PANGKALAHATANG KASAPIAN AT LUPONG PATNUGUTAN.

AKO AY NANGANGAKO NA:

1. DADALO AT TATAPUSIN ANG ITINAKDANG SEMINAR UKOL SA PAGSAPI (PMES);
2. MAGBABAYAD NG KINAKAILANGANG PANIMULANG SAPING PUHUNAN (Initial Share Capital) BILANG **REGULAR MEMBER** NA LIMAMPUNG SAPI (50 Shares) NA MAY KABUUANG HALAGA NA LIMANG-LIBONG PISO (P5,000.00) O BILANG **ASSOCIATE MEMBER** NA MAY KABUUANG HALAGA NA HINDI BABABA SA ISANG LIBONG PISO (P1,000.00) PARA SA SAMPUNG SAPI (10 shares) AT IBA PANG MGA BAYARIN (CHARGES) MATAPOS MAPAGTIBAY ANG AKING KAHILINGAN SA PAGSAPI; AT
3. MAKIKIISA SA PROGRAMA NG KOOPERATIBA SA PAG-ANGAT NG KANILANG PUHUNAN SA PAMAMAGITAN NG PATULOY NA PAGDADAGDAG NG SAPING PUHUNAN AT PAGLAGDA NG "SHARE CAPITAL SUBSCRIPTION AGREEMENT".

INIREKOMENDA SA PAGSAPI NI (REFERRED BY):

 LAGDA NG APLIKANTE (Applicant's Signature)
 CONTACT PERSON: _____
 ADDRESS: _____
 CONTACT NO.: _____

 PANGALAN (Name)
 LAGDA: _____
 CLIENT ID NO.: _____

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SKETCH OF RESIDENCE:

(FOR HCSCCO USE ONLY)

CERTIFICATION OF ATTENDANCE TO PRE-MEMBERSHIP EDUCATION SEMINAR (PMES):

CONDUCTED BY: _____
 DATE: _____

PAYMENTS RECEIVED:

MEMBERSHIP FEE P _____
 INITIAL SHARE CAPITAL _____
 INITIAL SAVINGS DEPOSIT _____
 OTHER CHARGES _____
 TOTAL P _____
 O.R NO.: _____ DATE: _____

BACKGROUND VERIFICATION (B.V.) CONDUCTED BY: _____ DATE: _____

MEMBERSHIP CLASSIFICATION: _____

Recommended By: _____
Membership and Marketing Officer

Approved by: _____
Membership and Marketing Manager

Membership Confirmation Date by BODs: _____

To be filled-out by HCSCCO Staff

Membership Application Processed by: _____

Encoded by: _____

Checked and Validated by: _____

Client ID Number: _____