HCSCCO Form No.013
Revised September 2024

HOLY CROSS SAVINGS & CREDIT COOPERATIVE

		Hea	d Office Bran	ch:					
		MEMBE	R'S PERSONAL I	NFORI	MATION				
Client ID:	Member's Na	ame: (Last Name,	lame, First Name, Middle Name)		Contra	Contract Price:		Date:	
Address:					Place of Birth:		Zip	Code:	
Date of Birth:	Age:	Gender:	Civil Status:	Cor	ntact No.:	E-mail:	:		
Primary Benefi	ciary(ies):	'	1	 					
Ful	l Name		Address		Relationship	Date of E	Birth	Age	
Ι.									
2.									
3.									
Other Beneficia	ary(ies):								
1.									
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Note: The Angelica Life Plan Policy shall be released after two (2) working days.

DOCUMENTS:

- a. Print-out of Member's Summary of Accounts
- Print-out of CLIMBS Remittance Listing b.
- Valid IDs of Member-Borrower & Witness

TO SIGN ANGELICA MEMORIAL LIFE PLAN DEED OF SUBSCRIPTION II.