

**HOLY CROSS SAVINGS & CREDIT COOPERATIVE**  
phccoop@yahoo.com.ph \* holycrosscoop@gmail.com \* www.holycrosscoop.com

**APPLICATION FOR ANGELICA LIFE PLAN BUNDLE WITH MORTUARY BENEFIT**

**Head Office**     **Branch:** \_\_\_\_\_

**MEMBER'S PERSONAL INFORMATION**

Client ID:	Member's Name: (Last Name, First Name, Middle Name)	Contract Price:	Date:
Address:		Place of Birth:	Zip Code:
Date of Birth:	Age:	Gender:	Civil Status:
Contact No.:		E-mail:	

<b>Primary Beneficiary(ies):</b>				
Full Name	Address	Relationship	Date of Birth	Age
1.				
2.				
3.				

<b>Other Beneficiary(ies):</b>				
1.				
2.				

I hereby apply to avail the **ANGELICA LIFE PLAN** of Holy Cross Savings and Credit Cooperative bundle with Mortuary Benefit. I fully understand the terms and conditions set forth under this plan. Furthermore, I also agreed that payment of Angelica Life Plan will be automatically deducted to the proceeds of my Mortuary Insurance Benefits and/or Life Saving Protection Plan.

Member-Borrower

Witnessed By: (Nearest Kin)

Date Signed:

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Signature over Printed Name

**FOR HCSCCO USE ONLY**

	Date	Remarks	Initials
<b>I. Submitted Documents: (HO/BRANCH)</b>			
Received By:			
Checked By:			
<b>II. Transmittal: (HO)</b>			
Received By:			
Checked/Verified By:			
1. Branch Operations Manager			
2. Membership & Marketing Manager			
3. Credit & Collection Manager			
4. Accounting & Finance Manager			
<b>III. Approved By:</b>			
Chief Executive Officer			

**Note: The Angelica Life Plan Policy shall be released after two (2) working days.**

**I. DOCUMENTS:**

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

**II. TO SIGN ANGELICA MEMORIAL LIFE PLAN DEED OF SUBSCRIPTION**