

**HOLY CROSS SAVINGS & CREDIT COOPERATIVE
(HCSCCO)**

APPLICATION FOR MEMBERSHIP

Pangalan (NAME): _____
(APELYIDO/SURNAME) (UNA/FIRST NAME) (GITNA/MIDDLE NAME) (EXTENSION NAME) (NICKNAME)

City Address: _____
(HSE. No., LOT/BLK. No.) (Street) (Purok,Sitio) (Barangay) (City,Town,Municipality) (Province) (ZIP Code)

Provincial Address: _____
(HSE. No., LOT/BLK. No.) (Street) (Purok,Sitio) (Barangay) (City,Town,Municipality) (Province) (ZIP Code)

Telepono (LANDLINE.) _____ Telepono (CELLPHONE 1) _____ Telepono (CELLPHONE 2) _____

Email Address _____ TIN No. _____ Iba pang ID (OTHER ID PRESENTED) _____

Kasarian: Babae Lalaki Petsa Ng Kapanganakan (Date Of Birth) _____ Kasalukuyang Relihiyon (Religion) _____

Kalagayang Sibil (CIVIL STATUS) (Please Check): Dalaga/Binata (Single) May Asawa (Married) Balo(Widow/Widower) Hiwalay (Separated)

Lugar Ng Kapanganakan (Place of Birth) _____ Kurso Na Tinapos (Course) _____

Natapos na Pinag-Aralan (Highest Educational Attainment) _____

Pangalan ng Paaralan (Name of School) _____

May-ari ng Lupa at Bahay (HOUSE & LOT OWNER) TCT No. _____ Gaano katagal naninirahan dito _____

May-ari ng condominium (condo owner) CCT no. _____ Gaano katagal naninirahan dito _____

May sariling bahay, ang lupa ay pag-aari ng iba (HOUSE OWNER ONLY/Lot is owned by somebody else) Gaano katagal naninirahan dito _____

Nakikisuno, kangino/kaugnayan (LIVING WITH Whom/Relationship) _____
Ang pinakikisunuan ay: may-ari ng lupa/bahay (House & lot Owner) Umuupa (Renting)

Umuupa (RENTING/TENANT): Bahay (House) Apartment Silid (Room)
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/Kind of Business) _____

Abroad (Employee/Name of Company) _____

Pensiyonado (Pensioner) SSS GSIS

Buwanang sahod/kita (Monthly Income):

a) Bilang empleyado (Monthly Salary) **NG APLIKANTE (Applicant)** P _____ **NG ASAWA (Spouse's)** P _____

b) Sa sariling negosyo (from Business) _____

c) Ibang pinagkakakitaan (Other Income) _____

Kabuuang kita (TOTAL INCOME) P _____ P _____

Pinag-samang kita ng mag-asawa (Combined Income) P _____

Pangalan ng asawa (Spouse's Name) _____ No. of dependents: _____

Hanapbuhay (Occupation) (Please Check):

Empleyado/kompanyang pinapasukan (Employee/Name of Company) _____

Gobyerno (Government) Pribado (Private)

Sariling negosyo/uri ng negosyo (Self Employed/Kind of Business) _____

Abroad (Employee/Name of Company) _____

Pensiyonado (Pensioner) SSS GSIS

Anak: (Use extra sheet if necessary)

Pangalan (NAME) Gulang (AGE) Kapanganakan (DATE OF BIRTH)

1. _____

2. _____

3. _____

4. _____

Ama: _____ Ina: _____

Kapatid: _____ Iba pang Tagapagmana (OTHER BENEFICIARIES):

1. _____

2. _____

3. _____

4. _____

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 HALAGANG 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.
3. MAKIKIISA SA PROGRAMA NG KOOPERATIBA SA PAG-ANGAT NG KANILANG PUHUNAN SA PAMAMAGITAN NG PATULOY NA PAGDADAGDAG NG SAPING PUHUNAN AT PAGLAGDA NG "SUBSCRIPTION AGREEMENT"

INIREKOMENDA SA PAGSAPI NI (REFERRED BY):

(PANGALAN/Name)

(LAGDA NG APLIKANTE/Applicant's Signature)

(LAGDA/Signature)

ACCT. NO. _____

CONTACT PERSON: _____

ADDRESS: _____

CONTACT NO.: _____

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SKETCH OF RESIDENCE:

(FOR HCSCCO USE ONLY)

CERTIFICATION OF ATTENDANCE TO PRE-MEMBERSHIP SEMINAR/ORIENTATION:

CONDUCTED BY: _____
DATE: _____

PAYMENTS RECEIVED:

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

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

MEMBERSHIP CLASSIFICATION: _____

Recommending Approval by: _____
Membership and Marketing Manager

Date of BOD Confirmation of Membership: _____

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To be filled up by HCSCCO Staff

Membership Application Processed by: _____

Encoded by: _____

Checked and Validated by: _____

Assigned Account Number: _____