

HOLY CROSS SAVINGS & CREDIT COOPERATIVE
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APPLICATION FOR ANGELICA LIFE PLAN SPOT CASH

Head Office Branch: _____

MEMBER'S PERSONAL INFORMATION

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

Primary Beneficiary(ies):			
Full Name	Address	Relationship	Date of Birth
1.			
2.			
3.			

Other Beneficiary(ies):			
1.			
2.			

I hereby apply to avail the **ANGELICA LIFE PLAN SPOT CASH** of Holy Cross Savings and Credit Cooperative. Further, I fully understand the terms and conditions set forth under this plan.

Member-Borrower

Witnessed By: (Nearest Kin)

Date Signed:

Signature over Printed Name

Signature over Printed Name

FOR HCSCCO USE ONLY

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