## HOLY CROSS SAVINGS & CREDIT COOPERATIVE

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Holy Cross Savings & Credit Cooperative (HCSCCO) has been your cooperative partner for years while we continue to fulfil our mission – to improve the lives of our members and HCSCCO is grateful for the opportunity to be of service to you.

As a valued member of our cooperative, we are delighted to support the business and livelihood of our members through publishing in our official website and social media platforms for free.

	MEMBER'S	BUSINESS	& LIVELIHOOD INF	ORMATION FORM	1
Account No.: Member's Name: (Last Name, Su			uffix, Given Name, Middle Name)	Contact No.:	Date: (mm-dd-yy)
Business Name:  Nature of Business:  Business Contact Person:			Products or Services: Spa/Salon/Gym School/Tutorial Ce Law Office/ Acctng Boutique/Tailoring Scrap/Junkshop Clinic (Dental/Eye Catering Apartment	enter	re
Business Address: (Number, Street, Subd., Village, Brgy./Town, City/Municipality, Province)  Zip Code:					
Business Contact No.: E-mail or We		bsite:	Social Media Account(s)	:	
To our Valued Members In Compliance to Data Privacy Act Keeping and protecting the privacy of personal data you have shared is very important to us. Holy Cross Savings and					
Credit Cooperative (HCSCCO), a cooperative duly organized and registered under the Cooperative Development Authority, is committed to implementing applicable security measures to maintain the confidentiality, integrity and availability of your personal data, in accordance with the Data Privacy Act of 2012.					
We will only collect personal data that is freely provided to us by you. By signing our consent form, you absolutely authorize HCSCCO, its officers, management, employees and its third party service providers to collect, use, process, share and store Personal Data in order to complete your transaction for marketing, advertising and promotional purposes such as but not limited to publishing in the official HCSCCO website, social media platforms and other reasonable purposes to improve our services.					
Data Privacy Consent Form					
I,, as a bona fide member of Holy Cross Savings and Credit Cooperative (HCSCCO) in					
Your consent will allow the HCSCCO, its officers, management and employees to collect, process, use, share, store and disclose your information as may be necessary. Moreover, your information may continue to be collected, stored, processed and/or shared for a period of five (5) years from the conclusion of your transactions with HCSCCO or until the expiration of the retention limits set by the applicable law, whichever comes later.					
Rest assured that HCSCCO, its officers, management and employees are committed to ensuring the confidentiality of your personal data and information collected.					
Conforme:		Date :	Signed:		
Member's Signature over Printed Name					