

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

APPLICATION FOR WITHDRAWAL OF MEMBERSHIP

DATE: _____
CONTACT NO.: _____

The Chairperson
Board of Directors
Holy Cross Savings and Credit Cooperative

Dear Sir/Madam:

I, _____, with Member ID number _____,
with postal address at _____ would like to
express my intention to withdraw my membership with the Holy Cross Savings and Credit Cooperative
(HCSCCO), for the following reasons:

I am fully aware that the By-Laws of HCSCCO states that: A member may, for any reason, withdraw his membership from the Cooperative by giving a sixty (60) day notice to the Board of Directors. However, no member shall be allowed to withdraw or terminate his/her membership during any period in which he/she has any pending obligation with the Cooperative.

I understand that I am entitled to a refund of my share capital contribution and all other deposits in the Cooperative. However, such refund shall not be made if upon payment of the value of the assets of the Cooperative would be less than the aggregate amount of my debts and liabilities exclusive of my share capital contribution.

I fully understand that upon withdrawal of my membership with the HCSCCO, my rights and privileges as a member of the Cooperative will be forfeited.

I am writing this letter to attest that it is my voluntary deed and that nobody forced me to do so.

I am hoping for your favourable action on this matter.

Sincerely,

Member's Signature over Printed Name _____
Date

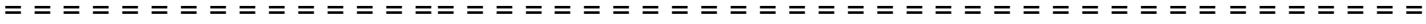
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EXIT INTERVIEW:

REMARKS:

Interviewer's Signature over Printed Name

Date: _____



REMARKS:

AUTHORIZED SIGNATORIES:

MEMBERSHIP & MARKETING SECTION:

PASSBOOKS:
SC _____
SD _____
LOAN _____
KP/PS _____
TD/SPECIAL SAVINGS _____
HCSCCO ID _____
PREF-B STOCK CERT. _____
STOCK CERTIFICATE _____
SUB. AGREEMENT _____
OTHERS _____

Memb. & Mktg. Officer/Branch Head & Div. Manager

LOANS SECTION:

RATING _____
CO-MAKER(S) _____
EXISTING LOAN(S) _____

Loan's Officer/Branch Head

COLLECTIONS SECTION:

DELINQUENCY _____
CO-MAKER(S) _____

Collection's Officer/Branch Head & Div. Manager

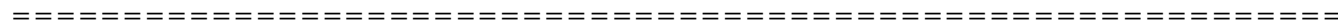
ACCOUNTING SECTION:

EXISTING LOAN(S) _____
OTHER ACCOUNT(S) _____

Accountant/Branch Head & Div. Manager

APPROVED FOR PAYMENT/RELEASE:

Chief Executive Officer /
Branch Operations Area Manager



RELEASED BY CASH/NEW ACCOUNTS SECTION:

RECEIVED BY MEMBER:

Signature over Printed Name

Signature over Printed Name

DATE: _____

DATE: _____