



**DAMAYAN SA CAVITE COMMUNITY
MULTIPURPOSE COOPERATIVE (DACCOCPC)**

2nd floor DACCOCPC Building, #40 Anabu Road, Anabu II-B, Imus, Cavite

**DAMAYAN AT KALINGA SA KAPWA MIYEMBRO (DKKM)
ENROLLMENT FORM**

DKKM NO. _____

I hereby enroll to the Damayan at Kalinga sa Kapwa Miyembro (DKKM).

Full Name: _____

Sex: _____ Date of Birth: _____ Place of Birth: _____

Name of Spouse: _____

Home Address: _____

Phone Number: _____ Landline Number: _____

Name of Beneficiary: _____ Relationship: _____

The following are my nominees to the DKKM and their beneficiary/ies:

NAME OF NOMINEES	DATE OF BIRTH	RELATIONSHIP	NAME OF BENEFICIARY/IES
1.			
2.			
3.			

I hereby certify that all the above information's are true and correct and that I have read and understood the membership Policy and Guidelines on the DKKM which are printed and attached to this form and I abide to all the terms and conditions without any reservation.

Further, I hereby authorize DACCOCPC to automatically deduct the equivalent amount of my annual premium from my savings deposit or from my Interest on Share Capital and Patronage Refund. I understand that failure to fully settle my annual premium shall render this application ineffective and that I and my enrolled nominees are not entitled to the DKKM benefits.

NAME OF DKKM APPLICANT

SIGNATURE

DATE SIGNED

ASSESMENT/COMMENT:

APPROVED BY: _____
CHAIRMAN, DKKM COMMITTEE