



DAMAYAN SA CAVITE COMMUNITY MULTIPURPOSE COOPERATIVE (DACCO MPC)

CDA REG NO. 9520-04005019

CIN - 0108040061

TIN - 203 - 656 - 279 - 000

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: _____ LAST _____ FIRST _____ MIDDLE _____
Date of Birth: _____ Place of Birth: _____

Name of Spouse: _____

LAST _____ FIRST _____ MIDDLE _____

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 DACCO MPC 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

ASSESSMENT/COMMENT:

APPROVED BY: _____

CHAIRMAN, DKKM COMMITTEE

**Phone**0917 - 544 - 8439
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daccomp.ph

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City of Imus, CaviteFB PAGE: Damayan sa Cavite Community Multipurpose Cooperative
FB ACCOUNT: DACCO Multipurpose Cooperative