



# DAMAYAN SA CAVITE COMMUNITY MULTIPURPOSE COOPERATIVE (DACC MPC)

CDA REG NO. 9520-04005019

CIN - 0108040061

TIN - 203 - 656 - 279 - 000

MEMBERSHIP NUMBER: \_\_\_\_\_

## I. APPLICATION FOR MEMBERSHIP

I hereby apply for membership at DACC MPC. I agree to obey its rules and regulations as stated in its Articles of Cooperation & By – Laws, the decisions of the General Assembly and the policies of the Board of Directors.

I pledge to:

1. Attend and finish the prescribed pre-membership seminar (PMES).
2. Pay the membership fee of Php300.00 upon approval of my application.
3. Subscribe to Php 4,000.00 worth of share capital (continuous capital build up of Php 100/month)
4. Attend annual general and special assembly meetings.
5. Attend its educational seminars (at least once a year).
6. Patronize cooperative services.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Over Printed Name

## II. PERSONAL INFORMATION

Name: Mr. / Mrs. / Ms. \_\_\_\_\_

\_\_\_\_\_  
Surname First Name Middle Name

Birthdate (mm/dd/yyyy): \_\_\_\_\_ Gender: Female ☐ Male

Birthplace: \_\_\_\_\_ Nationality: \_\_\_\_\_

Civil Status: ☐ Single ☐ Married ☐ Widow/er ☐ Legally Separated ☐ Annulled

Educational Attainment: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Unit/Room No./Floor Building Name Block/Lot/House/Phase No.

\_\_\_\_\_  
Subdivision Barangay Municipality/City Province

☐ Owned ☐ Rented ☐ Others

Provincial Address : \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_ TIN: \_\_\_\_\_

UMID: \_\_\_\_\_ PHILHEALTH: \_\_\_\_\_ SSS/GSIS/Driver's License: \_\_\_\_\_

Occupation : \_\_\_\_\_ Employer: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Spouse: \_\_\_\_\_ Spouse's Birthday: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Spouse's Monthly Income: \_\_\_\_\_

NAME OF BENEFICIARY/IES:

BIRTHDATE:

RELATION TO MEMBER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### If in Business:

Name and address of Business and Other source/s of Income: \_\_\_\_\_

Referred by: (Existing member of DACC MPC) \_\_\_\_\_

### DECLARATION AND SPECIMEN SIGNATURE

1. I, whose specimen signature appears below, confirm that all the information disclosed in this member information sheet is correct and complete. Any changes in the foregoing information shall be communicated DACC MPC. I hereby authorize DACC MPC to verify and investigate any and all information given by me which DACC MPC may deem appropriate.
2. I hereby acknowledge and authorize DACC MPC:
  - a. the regular submission and disclosure of my basic credit data (as defined under Republic Act No. 9510 and its implementing Rules and Regulations to the Credit Information Corporation (CIC) as well as any updates or corrections thereof;
  - b. the sharing of my basic credit data with other lenders authorized by the CIC, and credit reporting agencies duly accredited by the CIC.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
SPOUSE'S SIGNATURE OVER PRINTED NAME



Phone

0917 - 544 - 8439

(046) 546 - 74 - 97



daccompc.ph



Email

daccoiib@yahoo.com



Address

2nd floor DACC MPC Building,  
#40 Anabu Road, Anabu II-B,  
City of Imus, Cavite

FB PAGE: Damayan sa Cavite Community Multipurpose Cooperative

FB ACCOUNT: DACC Multipurpose Cooperative

III. ASSESMENT

MANAGER, DACCO MPC

See attachment (CIBI FORM )for other information.

IV. TO BE ACCOMPLISHED BY EDUCATION AND TRAINING COMMITTEE

Application No. PMES: Date : Date of Application :

Place:

Conducted by :

Membership Remarks :

APPROVED

DISSAPROVED

REASON :

Passbook No.

Approved by :

CHAIRMAN, EDUCOM