E	QUIREMENTS FOR NEW MEMBERS
ACC	COMPLISHED APPLICATION FORM
PRO	OOF OF BILLING (MERALCO, WATER, PHONE OR ANY BILLS)
TIN	
if n	o TIN, pls. submit <u>CEDULA and Birth Certificate</u> if single;
	or CEDULA and Marriage Contract if married
BAI	RANGAY CERTIFICATE / CLEARANCE
BAI	RANGAY BUSINESS ENDORSEMENT (FOR MICRO LOAN ONLY)
PHO	OTOCOPY OF ANY 2 VALID GOVERNMENT IDs
1 P	C. 2X2 PICTURE
1 P	C. 1X1 PICTURE
CER	RTIFICATE OF PMES
INI	TIAL INTERVIEW BY MANAGER

DACCO MPC ID PROCES	SING	DACCO MPC ID PROCE	SSING	
ID NO.		ID NO.		
NAME:		NAME:		
ADDRESS:		ADDRESS:		
SSS #:		SSS #:		
TIN #:		TIN #:		
DATE OF BIRTH:		DATE OF BIRTH:		
CONTACT PERSON IN CASE OF EMERGENCY:		CONTACT PERSON IN CASE OF EMERGI	ENCY:	
NAME:		NAME:		
CP/TEL #:		CP/TEL #:		
SPECIMEN SIGNATURE: (Do not write beyond the box)		SPECIMEN SIGNATURE: (Do not write b	peyond the box)	
	РНОТО		РНОТО	
DACCO MPC ID PROCESSING		DACCO MPC ID PROCESSII	NG	
ID NO.		ID NO.		
NAME:		NAME:		
ADDRESS:		ADDRESS:		
SSS #:		SSS #:		
TIN #:		TIN#:		
DATE OF BIRTH:		DATE OF BIRTH:		
CONTACT PERSON IN CASE OF EMERGENCY:		CONTACT PERSON IN CASE OF EMERGENCY:		
NAME:		NAME:		
CP/TEL #:		CP/TEL #:		
SPECIMEN SIGNATURE: (Do not write beyond the box)		SPECIMEN SIGNATURE: (Do not write b	peyond the box)	
	РНОТО		РНОТО	



Damayan sa Cavite Community Multipurpose Cooperative (DACCO MPC)

2nd Floor DACCO MPC Building, #40 Anabu Road, Anabu II-B, City of Imus, Cavite CIN - 0108040061

Recent
Photo
2 X 2

MEMBERSHIP NUMBER:	

I. APPLICATION FOR MEMBERSHIP

I hereby apply for membership at DACCO 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:

- Attend and finish the prescribed pre-membership seminar (PMES). 1.
- 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
- 4. Attend annual general and special assembly meetings.
- Attend its educational seminars (at least once a year). 5.

 Date	Signa	ature Over Printed Name		
	0			
II. PERSONAL INFORMATION				
Name: Mr. / Mrs. / Ms.				
Surname	First Name	Middle Name		
Birthdate (mm/dd/yyyy):	Gender: Female			
Birthplace:	Nationality:			
Civil Status: Single Marrie	d Widow/er Legally	Separated Annulled		
Educational Attainment:	Religious Affiliation	ı:		
Address:				
Unit/Room No./Floor Build	ding Name Block/Lot/House/Phase N	No.		
	Municipality/City P			
Owned 1				
Provincial Address :Mobile:	Fmail: TI	N·		
UMID: PHILHEALTH:	SSS/GSIS/Drive	er's License:		
Occupation:		<u>-</u>		
Gross Monthly Income :	Employer Address:			
Spouse:	Spouse's Birthday:	Spouse's Birthday:		
Spouse's Occupation:	Spouse's Monthly Incom	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 DACCO MPC)				
DECLARATION AND SPECIMEN SIGNATURE				

- 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 DACCO MPC. I hereby authorize DACCO MPC to verify and investigate any and all information given by me which DACCO MPC may deem appropriate.
- 2. I hereby acknowledge and authorize DACCO MPC:
 - 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;
 - 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

II. ASSESMENT	
	MANAGER, DACCO MPC
re attachment (CIBI FORM) for other informati	OVA
e anachmeni (CIBI FORM) for other informati	on.
V. TO BE ACCOMPLISHED BY EDUCATION	ON AND TRAINING COMMITTEE
pplication No.	PMES: Date :
ate of Application :	Place:
	Conducted by :
lembership Remarks:	
, p.p. o.v	IDD.
APPROV	/ED
APPROV	
APPROV	
——— DISSAPI	ROVED
——— DISSAPI	ROVED
——— DISSAPI	ROVED
EASON:	ROVED
DISSAPI	ROVED



Damayan sa Cavite Community Multipurpose Cooperative (DACCO MPC)

2nd Floor Barangay Hall, Anabu II-B, City of Imus, Cavite

MEMBER'S PROPERTY CHECKLIST FORM

Name: Address:			Membership Number:		
Addiess					
A. OWNED APPLIANCE	S AND FURNITURES				
7.11 0 11 11 21 11 11 11 11 11 11 11 11 11 11	37112 TOTALIO	В	RAND	DATE ACQUIRED	
[] REFRIGERATOR					
[] ELECTRIC FAN					
[] SALA SET					
[] GAS RANGE					
[] COMPUTER SET					
[] MICROWAVE OVEN					
[] TELEVISION SET					
[] WASHING MACHIN	E				
[] AIRCONDITION UNI	Т				
[] VCD/DVD					
[] DINING TABLE AND	CHAIRS				
[] CABINETS & OTHER	FURNITURES				
[] OTHERS					
			-		
B. OWNED VEHICLES					
	TYPE		MODEL	CR/OR NUMBER	
[] CAR					
[] JEEPNEY					
[] TRICYCLE					
[] MOTORBIKE					
C. REAL PROPERTIES					
	0	CT/TCT NUMBER	AREA (SQ.M)	LOCATION	
[] OWNED LOT					
[] OWNED HOUSE & L	OT				
[] MORTGAGED LOT					
[] MORTGAGED HOUS	SE & LOT				
[] RENTED HOUSE & L	ОТ				
	I do certify	that the above informa	tion is tru and correct.		
		Member Signatu	re / Date		
		To be filled up by C.I.	Officer		
Date and time visited:					
Remarks:	-				
Verified By:			Noted By:		
	Name and Signature			Name and Signature	
	C.I. Officer			Chairman - CRECOM	



Damayan sa Cavite Community Multi-purpose Cooperative (DACCO MPC) Barangay Hall, Anabu II-B, City of Imus, Cavite

Telephone No.(046) 489-5733, CP No. 09175448439

Datas		
Petsa		

KASUNDUANG SUSKRIPSYON

(Subscription Agreement)

Ako po si Ginoong/Ginang naninirahan sa		sa hustong taong gulang, , na may paunang
saping puhunan/capital sa halagang Php puhunan/kapital sa DACCO MPC upang ma	ay nangangako n	
4,000.00 10,000.00 20,000.00 5	60,000.00 🗖 100,000.00 🗖	ibang halaga na
babayaran ko sa loob ng 🔲 6 na buwan	☐ 12 na buwan	1 24 na buwan sa halagang
Phpbawat lingo kin	sena 🗖 katapusan ng buw	an.
Ako po ay kusang loob na sumusund alituntunin patungkol sa suskripsyon ng kar Patnugutan at ng Pangkalahatang Kapulunan	agdagang saping puhunan/ka	
Sa pagbabayad ng aking karagdagan patunay na kusang loob kong pagsang-ayon a		
Kung sakaling hindi ko magampana Patnugutan and siyang gagawa ng kaukulang	-	ang ito, ang Lupon ng mga
Pangalan at Lagda ng Kasapi	Taga	apangulo
Mga s	saksi sa kasunduan	
Pangalan	P	angalan