



DAMAYAN SA CAVITE COMMUNITY MULTIPURPOSE COOPERATIVE (DACCO MPC)

CDA REG NO. 9520-04005019

CIN - 0108040061

TIN - 203 - 656 - 279 - 000

MEMBER'S PROPERTY CHECKLIST FORM

Name: _____

Membership Number: _____

Address: _____

A. OWNED APPLIANCES AND FURNITURES

	BRAND	DATE ACQUIRED
<input type="checkbox"/> REFRIGERATOR		
<input type="checkbox"/> ELECTRIC FAN		
<input type="checkbox"/> SALA SET		
<input type="checkbox"/> GAS RANGE		
<input type="checkbox"/> COMPUTER SET		
<input type="checkbox"/> MICROWAVE OVEN		
<input type="checkbox"/> TELEVISION SET		
<input type="checkbox"/> WASHING MACHINE		
<input type="checkbox"/> AIRCONDITION UNIT		
<input type="checkbox"/> VCD/DVD		
<input type="checkbox"/> DINING TABLE AND CHAIRS		
<input type="checkbox"/> CABINETS & OTHER FURNITURES		
<input type="checkbox"/> OTHERS		

B. OWNED VEHICLES

	TYPE	MODEL	CR/OR NUMBER
<input type="checkbox"/> CAR			
<input type="checkbox"/> JEEPNEY			
<input type="checkbox"/> TRICYCLE			
<input type="checkbox"/> MOTORBIKE			

C. REAL PROPERTIES

	OCT/TCT NUMBER	AREA (SQ.M)	LOCATION
<input type="checkbox"/> OWNED LOT			
<input type="checkbox"/> OWNED HOUSE & LOT			
<input type="checkbox"/> MORTGAGED LOT			
<input type="checkbox"/> MORTGAGED HOUSE & LOT			
<input type="checkbox"/> RENTED HOUSE & LOT			

I do certify that the above information is true and correct.

Member Signature / Date

To be filled up by C.I. Officer

Date and time visited: _____

Remarks: _____

Verified By: _____

Noted By: _____

Name and Signature
C.I. Officer_____
Name and Signature
Chairman - CRECOM**Phone**0917 - 544 - 8439
(046) 546 - 74 - 97

daccompc.ph

**Email**

daccoiib@yahoo.com

**Address**2nd floor DACCO MPC Building,
#40 Anabu Road, Anabu II-B,
City of Imus, CaviteFB PAGE: Damayan sa Cavite Community Multipurpose Cooperative
FB ACCOUNT: DACCO Multipurpose Cooperative