



DAMAYAN SA CAVITE COMMUNITY  
MULTIPURPOSE COOPERATIVE (DACCO MPC)

CDA REG NO. 9520-04005019

CIN - 0108040061

TIN - 203 - 656 - 279 - 000

DEPOSIT AND PAYMENT SLIP

☐ CASH

☐ CHECK

MEMBER'S NAME

To be filled out for deposits amounting to PHP 500,000 and above

PURPOSE OF TRANSACTION

SOURCE OF FUND

To be accomplished by AUTHORIZED REPRESENTATIVE

REPRESENTATIVE'S NAME

PRESENT/PERMANENT ADDRESS

CONTACT DETAILS

RELATIONSHIP TO MEMBER

PAYMENT FOR/ADDITIONAL	(Please CHECK)	AMOUNT
SHARE CAPITAL	<input type="checkbox"/>	
SAVINGS DEPOSIT	<input checked="" type="checkbox"/>	
REGULAR LOAN	<input type="checkbox"/>	
EXPRESS LOAN	<input type="checkbox"/>	
PANGKABUHAYAN LOAN	<input type="checkbox"/>	
HEALTH MAINTENANCE LOAN	<input type="checkbox"/>	
IOU LOAN	<input type="checkbox"/>	
OTHERS: (PLEASE SPECIFY)	<input type="checkbox"/>	

CASH DEPOSIT DETAILS		
CASH DENOMINATION	NO. OF PIECES	AMOUNT
1000		
500		
200		
100		
50		
20		
10		
5		
1		
OTHERS		
TOTAL CASH		
CHANGE		

CHECK DEPOSIT DETAILS		
CHECK DRAWEE BANK & BRANCH	CHECK NUMBER	AMOUNT

TO BE SIGNED BY THE DEPOSITOR/PAYOR/AUTHORIZED REPRESENTATIVE

Acknowledging and exercising my rights under Republic Act No. 10173, otherwise known as the Data Privacy Act and its implementing Rules and Regulations, I hereby give my consent to DACCO MPC and/or its authorized representatives, accredited third-party partners and service providers to process, use and share the personal and/or sensitive personal information written on this deposit slip for purposes of reconciliation of payment, identification and compliance with regulatory requirements.

Signature over printed Name of Depositor/Payor/Authorized Representative

DATE \_\_\_\_\_



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DATE \_\_\_\_\_

Phone  
0917 - 544 - 8439  
(046) 546 - 74 - 97

daccompmpc.ph

Email  
daccoiib@yahoo.com

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

FB PAGE: Damayan sa Cavite Community Multipurpose Cooperative  
FB ACCOUNT: DACCO Multipurpose Cooperative

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