



All Saints Credit Cooperative

511 Foyayeng, Bontoc Ili, Bontoc, Mountain Province
CP No. 09-49369-2988/0917-3085278 - Email Add: ascco_credit@yahoo.com.ph

2016 REV. MEM. FORM

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NOTE: PLEASE FILL UP ALL BLANKS LEGIBLY TO AVOID DELAY IN THE APPROVAL OF THE APPLICATION.

Last Name: _____ Contact No.: _____
 Given Name: _____ Gender: _____
 Middle Name: _____ Status: _____
 Date of Birth: _____ Age: _____ Source of Income/Monthly Income: _____
 Permanent Address: _____ ID/s Presented & No. _____
 Present Address: _____ No. of Years of Stay: _____
 Business Name & Address: _____

If employed
 Name of Employer & Address: _____ No. of Years Employed: _____
 Name of Spouse: _____ Date of Birth: _____ Occupation/Position: _____
 Occupation: _____

BENEFICIARIES: (In case of death, I declare the following as my irrevocable beneficiaries:)

Name	Date of Birth	Age	Relationship:
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

(Attach additional sheet/s if necessary)

APPLICANT'S SWORN STATEMENT/DECLARATION & SPECIMEN SIGNATURE

I hereby apply for membership in the **All Saints Credit Coop** & agree to faithfully obey its rules & regulations as set down in its By-Laws and amendments thereof & the decision of the general membership as well as those of the Board of Directors.

Should my membership be approved, I hereby subscribe for a minimum Share Capital/fixed deposit in the amount of **Ten Thousand Pesos (P10,000.00)** to be paid in lump sum. Further, I agree to pay the **Membership Fee of P250.00** & the **Training Fee of P500.00** upon filing and submission of my application for membership. I understand also that in case of rejection/disapproval of my application, only the **Membership Fee** shall be refunded. I also understand that, upon approval of my membership, I am required to pay the minimum **Membership Benefit (MB)** and **Membership Assistance (MA) deposits** and obliged to pay the corresponding premium in case of death and sickness of a member.

I hereby certify to the correctness of all the above information and that I am not a member of any other cooperative having the same business or offering the same kind of services. If approved, I hereby authorize the Cooperative to verify and investigate any and all information given by me which the Coop may deem appropriate.

(If Membership is approved & if applicable):

I hereby acknowledge and authorize the Cooperative the regular submission and disclosure of my basic credit data (as defined under RA No. 9510 and its Implementing Rules and Regulation) to the Credit Information Corporation (CIC) as well as any updates or corrections thereof and the sharing of my basic credit data with other lenders authorized by the CIC, and the credit reporting agencies duly accredited by the CIC.

Signed this _____, _____ at _____.

Thumbmark/Signature of Applicant
Over Printed Name

Name & Signature of Guarantor/Member
who can Vouch for the Applicant

*****CERTIFICATION OF COMPLETION***** CID NO:

This is to Certify that _____, have completed the Pre-membership Education Seminar, a pre-requisite training seminar for a qualified applicant for membership of **All Saints Credit Cooperative** conducted this _____ day of _____ at _____.

Endorsing therefore the said applicant for approval subject to the conditions stated above.

Signature over Printed Name of the
Education & Training Committee Chairman

Approved By:

Chairman of the Board

Date

BOD Secretary

Date