

CTRL NO: _____



PHCCI-MPC Tacloban

Perpetual Help Multi-Purpose Cooperative ®

Redemptorist Comp., Real Street, Tacloban City, 6500
CDA Reg. No. 9520-08003295 | TIN: 001-332-251-000

REGULAR MEMBERSHIP APPLICATION FORM

TO: THE BOARD OF DIRECTORS
PHCCI-MPC Tacloban

I, hereby apply for Regular Membership in PHCCI-MPC Tacloban _____. I agree to obey its By-Laws and the governing rules, regulations and policies. Among others, I promise to comply with the following provisions of the existing PHCCI-MPC Tacloban By-Laws and policies.

1. To pay the required minimum share capital or fixed deposit of One Thousand Two Hundred Pesos (P 1,200) in lumpsum, or if not possible, within three (3) months from filing of this application.
2. To deposit regularly and continuously at least _____ (P _____) every month as my share capital or fixed deposit.
3. To save, deposit, and maintain the prescribed monthly savings deposit balance of the cooperative.
4. To patronize regularly the business of PHCCI-MPC Tacloban but not limited to its lending services.
5. To attend ownership meetings, general assemblies, and participates actively in its parliamentary affairs.
6. To obey the rules and regulations provided by RA 6938 & RA 9520 (Cooperative Code of the Philippines), the decisions of the General Assembly and the Board of Directors.
7. To promote the goals and purposes of PHCCI-MPC Tacloban, the success of its business/service, the welfare of my fellow cooperative members, and the cooperative movement as a whole.

DATA PRIVACY NOTICE & CONSENT FORM

Dear Valued Member,

Your trust and confidence is invaluable to us. To ensure that PHCCI-MPC Tacloban remains a trustworthy partner in your journey towards success with the help of our products/offering, we are making every effort to comply fully with the existing laws and regulations that govern us.

- In compliance with the Credit Information System Act, please be informed that should you have any loan or credit facility with us, PHCCI-MPC Tacloban is mandated to share your basic credit data including related updates/corrections to the Credit Information Corporation (CIC) and other entities authorized under the law, even without your consent.
- In compliance with RA-10173 also known as the Philippine Data Privacy Act of 2012, whose implementing Rules and Regulations took effect on September 9, 2016, PHCCI-MPC Tacloban is providing you this consent form to secure your consent for the personal information that you'll be providing to us.

Should you have questions or concerns about the Data Privacy consent form, please call 832-0126 or email us at dpo.phccimpctacloban@gmail.com

For more information on how PHCCI-MPC Tacloban protects its data, you may visit our Privacy Policy at www.phcci.com.ph or type this link to your browser: <http://phcci.com.ph/frm/phcci-mpc-tacloban-privacy-policy.pdf>

Sincerely yours,
PHCCI-MPC Tacloban

In compliance with the Data Privacy Act (DPA) of 2012, and its Implementing Rules and Regulations (IRR) effective since September 8, 2016, I allow Perpetual Help Multi-Purpose Cooperative (PHCCI-MPC Tacloban) to provide me certain services declared in relation to the product/service availed. As such, I agree and authorize PHCCI-MPC Tacloban to:

1. Continue to use my personal information relevant in processing my membership application.
2. Retain my information for a period of seven years from the date of termination of my membership, or at such time that I submit to PHCCI-MPC Tacloban a written cancellation of this consent, whichever is earlier, except in cases where my information needs to be retained for legitimate purposes. I agree that my information will be deleted/destroyed after this period.
3. Share my information to affiliates and necessary third parties for any legitimate business purpose. I am assured that security systems are employed to protect my information.
4. Inform me of future member offerings and base its offer using the personal information I shared with the cooperative.

I also acknowledge and warrant that I have acquired the consent from all parties relevant to this consent and hold free and harmless and indemnify PHCCI-MPC Tacloban from any complaint, suit, or damages which any party may file or claim in relation to my consent.

Member's Signature over Printed Name/ Date

Should you have questions or concerns about this consent form, please call 832-0126 or email us at dpo.phccimpctacloban@gmail.com. For more information on how PHCCI-MPC Tacloban protects its data, you may visit our Privacy Policy at www.phcci.com.ph or type this link to your browser: <http://phcci.com.ph/frm/phcci-mpc-tacloban-privacy-policy.pdf>

PERSONAL INFORMATION

NAME

LAST NAME	FIRST NAME	MIDDLE NAME	NAME EXTENSION (EX: Jr./Sr.)	NO MIDDLE NAME (check if applicable only)
				<input type="checkbox"/>

BIRTHPLACE (Municipality/City/Province) COUNTRY OF BIRTH BIRTHDATE (mm/dd/yyyy) SEX CIVIL STATUS AGE

			<input type="checkbox"/> MALE <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOW/ER <input type="checkbox"/> ANNULLED <input type="checkbox"/> FEMALE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED	
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ORGANIZATION / SOCIAL AFFILIATION OFFICE ADDRESS POSITION / DESIGNATION

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NATIONALITY CONTACT DETAILS

	MOBILE NO. _____	OFFICE PHONE NO. _____
NO. OF DEPENDENTS	HOME PHONE NO. _____	E-MAIL ADDRESS. _____

ID TYPE	ID NUMBER	DATE ISSUED	DATE OF EXPIRY
TIN (REQUIRED)			
SSS NUMBER			
GSIS NUMBER			
EMPLOYEE'S ID			
OTHERS: _____			

EDUCATIONAL LEVEL

(Check the Highest Educational Level Attained)

ELEMENTARY	LEVEL <input type="checkbox"/> GRADUATE <input type="checkbox"/>	COLLEGE	LEVEL <input type="checkbox"/> GRADUATE <input type="checkbox"/>	DOCTORATE	LEVEL <input type="checkbox"/> GRADUATE <input type="checkbox"/>
HIGH SCHOOL	LEVEL <input type="checkbox"/> GRADUATE <input type="checkbox"/>	MASTER'S DEGREE	LEVEL <input type="checkbox"/> GRADUATE <input type="checkbox"/>	VOCATIONAL	LEVEL <input type="checkbox"/> GRADUATE <input type="checkbox"/>

ADDRESS

PRESENT HOME ADDRESS

Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Purok/St.	Subdivision
Barangay	City/Municipality	Province	Country	Zip Code	

TYPE OF RESIDENCE	<input type="checkbox"/> OWNED	<input type="checkbox"/> RENTED	<input type="checkbox"/> MORTGAGED	<input type="checkbox"/> LIVING WITH PARENTS / RELATIVES
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Occupied Since (mm/dd/yyyy) _____

If residence is rented, indicate house owner name _____

PERMANENT HOME ADDRESS (Check Box If Address Is Same With The Present Home Address)

Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Purok/St.	Subdivision
Barangay	City/Municipality	Province	Country	Zip Code	

Occupied Since (mm/dd/yyyy) _____

PREFERRED MAILING ADDRESS	<input type="checkbox"/> PRESENT HOME ADDRESS	<input type="checkbox"/> PERMANENT HOME ADDRESS	<input type="checkbox"/> EMPLOYER / BUSINESS ADDRESS
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EMPLOYMENT / OCCUPATION / BUSINESS DATA**OCCUPATION STATUS (choose one)**

- PERMANENT JOB - PRIVATE
 PERMANENT JOB - GOVT.
 SELF - EMPLOYED
 RETIRED
 HOUSEWIFE
 OTHERS, PLEASE SPECIFY _____
 TEMPORARY JOB - PRIVATE
 TEMPORARY JOB - GOVT.
 NOT EMPLOYED
 STUDENT
 OFW

SOURCE OF INCOME / FUNDS

- SALARY
 BUSINESS / SELF-EMPLOYMENT
 INVESTMENT
 OTHERS, PLEASE SPECIFY _____
 PENSION
 OFW REMITTANCE

GROSS MONTHLY INCOME

- P 10,000 & Below
 P 10,001 - P 19,999
 P 20,000 - P 49,999
 P 50,000 - P 99,999
 P 100,000 and above

IF EMPLOYED**NAME OF EMPLOYER****POSITION / DESIGNATION****DATE HIRED (mm/dd/yy)****ADDRESS** (Bldg. Name / Block / Phase No., St. / Prk., Brgy., City / Municipality, Province, Country)**CONTACT NUMBER****TYPE OF WORK (FOR OFW ONLY)**

- Land-based (Pls. specify country of assignment) _____
 Sea-based (Pls. specify country of assignment) _____

IF SELF-EMPLOYED**BUSINESS NAME****DATE STARTED (mm/dd/yy)****BUSINESS ADDRESS** (Bldg. Name / Block / Phase No., St. / Prk., Brgy., City / Municipality, Province, Country)**CONTACT NUMBER****FAMILY INFORMATION**

RELATIONSHIP	NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH (MM / DD / YYYY)	CONTACT NUMBER	SEX M F <input type="checkbox"/> <input type="checkbox"/>
SPOUSE				<input type="checkbox"/> M <input type="checkbox"/> F
CHILD 1				<input type="checkbox"/> M <input type="checkbox"/> F
CHILD 2				<input type="checkbox"/> M <input type="checkbox"/> F
CHILD 3				<input type="checkbox"/> M <input type="checkbox"/> F
CHILD 4				<input type="checkbox"/> M <input type="checkbox"/> F
FATHER				
MOTHER'S MAIDEN NAME				

Use separate sheet if necessary

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME	ADDRESS	TEL./MOBILE NO.
NAME	ADDRESS	TEL./MOBILE NO.

DOSRI (if applicable)

Are you related to any of the incumbent directors, offices, staff or related interests (up to 3rd degree or consanguinity and affinity) in PHCCI-MPC Tacloban?

Yes No

if Yes, kindly fill in below

FULL NAME OF EMPLOYEE / OFFICER:

POSITION:

BRANCH:

RELATIONSHIP:

Left Thumbark

Right Thumbark

Signature of Applicant over printed name and date

SKETCH MAP (PERMANENT HOME ADDRESS)

Large empty box for sketching the permanent home address.

OTHER INFORMATION

Where did you know about PHCCI-MPC Tacloban?

- TV
- Newspaper
- PHCCI Website
- Flyers / Brochure
- PHCCI Officer
- PHCCI Personnel
- Radio
- Internet
- Facebook Page
- Friend / Associate
- Referral
- Other, please specify _____

Membership Referred by: _____

TO BE FILLED-IN BY PHCCI-MPC Tacloban

PMES DATE:		INTERVIEWED BY:	
ENCODED BY:		DATE ENCODED:	RECOMMENDING APPROVAL

Approved by the board of Directors during their _____ on _____
at _____ .

Board Resolution No. _____
Approved by:

BOD Chairperson