



REGULAR MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION

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/yy)	SEX	CIVIL STATUS	AGE
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWER <input type="checkbox"/> ANNULLED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED	

MOTHER'S FULL MAIDEN NAME: _____ SPOUSE NAME: _____
(if married)

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

ID TYPE	ID NUMBER	DATE ISSUED	DATE OF EXPIRY
TIN NUMBER (REQUIRED)			
GOV'T ISSUED ID: _____			

SECTORAL INFORMATION

Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:

1. Are you a member of any indigenous group? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify ID No.: _____	3. Are you a person with disability? If Yes, please check below: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Visual <input type="checkbox"/> Communication <input type="checkbox"/> Intellectual <input type="checkbox"/> Psychosocial <input type="checkbox"/> Orthopedic <input type="checkbox"/> Learning <input type="checkbox"/> Mental If Yes, please specify ID No.: _____
2. Are you a Solo Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify ID No.: _____	

EDUCATIONAL LEVEL

(Check the Highest Educational Level Attained)

ELEMENTARY
 HIGHSCHOOL
 COLLEGE
 MASTER DEGREE
 DOCTORATE
 VOCATIONAL

ADDRESS

PRESENT HOME ADDRESS

Unit/Room No., Floor _____ Building Name _____ Lot No., Block No., Phase No. _____ House No. _____ Purok/St. _____ Subdivision _____

Barangay _____ Municipality _____ Province _____ Country _____ Zip Code _____

Occupied Since (mm/dd/yyyy) _____

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 _____ Municipality _____ Province _____ Country _____ Zip Code _____

Occupied Since (mm/dd/yyyy) _____

TYPE OF RESIDENCE	<input type="checkbox"/> OWNED <input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE <input type="checkbox"/> OTHERS
PREFERRED MAILING ADDRESS	<input type="checkbox"/> PRESENT HOME ADDRESS <input type="checkbox"/> PERMANENT HOME ADDRESS <input type="checkbox"/> EMPLOYER / BUSINESS ADDRESS

GEO TAGGING OF PERMANENT HOME ADDRESS TO BE ACCOMPLISHED BY THE PHCCI PERSONNEL

EMPLOYMENT / OCCUPATION / BUSINESS DATA

OCCUPATION STATUS (choose one)

- PERMANENT JOB - PRIVATE
 PERMANENT JOB - GOVT.
 SELF - EMPLOYED
 RETIRED
 HOMEMAKER
 OTHERS
 TEMPORARY JOB - PRIVATE
 TEMPORARY JOB - GOVT.
 NOT EMPLOYED
 STUDENT
 OFW

SOURCE OF INCOME / FUNDS

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

GROSS MONTHLY INCOME

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

NAME OF EMPLOYER / BUSINESS	NATURE OF WORK / TYPE OF BUSINESS	DATE HIRED / ESTABLISHED (mm/dd/yy)	EMPLOYER / BUSINESS ADDRESS

CONTACT NUMBER	TYPE OF WORK (FOR OFW ONLY)
	<input type="checkbox"/> Land-based (Pls. specify country of assignment) _____ <input type="checkbox"/> Sea-based (Pls. specify country of assignment) _____

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
Thumbmark

Right
Thumbmark

Signature of Applicant over printed name and date

OTHER INFORMATION

Where did you know about PHCCI-MPC Tacloban? (choose one)

- PHCCWebsite
 Flyers / Brochure
 PHCCI Officer
 Family / Relative
 Converted from Labcoop
 Walk-in
 Radio
 Facebook
 PHCCI Employee
 Friend / Associate
 Converted from Associate
 Others pls. specify _____

Where did you open your account / submit your membership application?

- Branch/Satellite Office
 Mall Kiosk

Membership Referred by: _____ Signature of Applicant and BM / SH : _____ / _____

(Complete Name)

Member Non-Member Contact No. _____ (optional)

TO BE FILLED-IN BY PHCCI-MPC Tacloban Personnel

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

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 Management

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:

- Continue to use my personal information relevant in processing my membership application.
- 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.
- 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.
- 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