



TAGUM COOPERATIVE

"where people invest their trust"

APPLICATION FORM

CID# _____ **Track#** _____

Regular Member **Associate Member** **Online Associate Member**

MEMBERSHIP & SUBSCRIPTION AGREEMENT

The Board of Directors

I _____ a resident of _____ hereby agree to be a member of Tagum Cooperative (TC). I have completed the training course prescribed for prospective members, and I understand the purpose and/or objectives of this cooperative.

In this connection with such membership, I hereby agree to the following terms and/or conditions:

1. To comply with the provisions of the Articles of Cooperation, By-Laws and policies set by the Board of Directors, the General Membership Assembly as well as acts of duly constituted authorities and, for failure on my part to do so, the Cooperative may at its option.

- a. Fine;
- b. Suspend; or
- c. Expel me from the membership where upon all my shareholding shall be answerable for my liabilities to the Cooperative.

2. To attend meetings, conferences and/or seminars as required by the cooperative.

3. To participate in the planned savings program and/or Capital build-up by

- a. Subscribing at least _____ shares valued _____ (P _____) and paying for them either in lumpsum or in regular installment within _____ years from the date of membership. Automatically subscribing additional Share Subscription equivalent for one (1) whole share or beyond but not exceeding the limit of required Total Shares as determined from time to time by the Board of Directors.
- b. Investing in the Share Capital build-up or savings mobilization program;
 - (1) Percentage of each loan granted to borrowers or any amount as determined from time to time by the Board of Directors;
 - (2) Percentage of the member's annual interest on capital and/or patronage refund but not to exceed 20% as determined from time to time by the Board of Directors.

Failure on my part to comply with my financial obligation unless excused by the Board of Directors shall make me liable for a fine of P100.00 per annum.

4. To pay the required membership fee of _____.

5. To comply with the directives of duly constituted authorities as well as decisions of the Board regarding the operating policies of the Cooperative.

6. That Tagum Cooperative has the authority to automatically convert status from Associate Member to Regular Member upon reaching two (2) years from the date of membership, and compliance with the following requirements: age of not more than 65 years old, Share Capital deposit of at least P8,000.00 and Savings Deposit of P1,000.00. The one-time membership fee of P_____ shall be deducted to member's deposits upon conversion.

The provisions of this agreement, the Articles of Cooperative, and BY-Laws have been explained to me and I agree to abide with all of them.

In all of the above undertaking I am aware that the Board of Directors and/or the Cooperative may impose sanction against me or perform any acts necessary for court action.

In witness hereof, I have hereunto affixed my signature this _____ day of _____, 20 _____

DECLARATION

I, whose specimen signature below, certify that the information disclosed are true and correct. I agree to notify the Cooperative of any changes in the foregoing information. I hereby authorized the Cooperative to verify and investigate any and all information given by me which the Coop may deem appropriate. I hereby acknowledge and authorized the Cooperative of the regular submission and disclosure of my basic credit data (as defined under Republic Act No. 9510 and its implementing rules and regulation) to the Credit Information Corporation (CIC) as well as any updates or corrections thereof; the sharing of my basic credit data with other lenders authorized by CIC, and credit reporting agencies duly accredited by CIC. I understand that it is my responsibility to regularly contribute to my Share Capital, patronize products and services of TC, participate in various coop activities and help in promoting the cooperative. I understand that availment of loans is a privilege and not a matter of right. Whenever I avail of loan products, I commit to take care of my accounts responsibly by paying promptly.

Signature over Printed Name

Date

PERSONAL INFORMATION

NAME					
LAST NAME	FIRST NAME	MIDDLE NAME	NAME EXTENSION (EX: Jr. / Sr.)	TITLE (EX: Dr. / Atty.)	NO MIDDLE NAME (check if applicable only)
					<input type="checkbox"/>
Member's Name as appearing in the Birth Certificate (<input type="checkbox"/> Check Box if Name is Same as Stated Above)					

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"/> MARRIED <input type="checkbox"/> WIDOW/ER <input type="checkbox"/> SEPARATED <input type="checkbox"/> ANNULLED	

RELIGIOUS / SOCIAL AFFILIATION

- | | | |
|--|--|---|
| <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Islam | <input type="checkbox"/> United Church of Christ in the Philippines |
| <input type="checkbox"/> United Pentecostal Church (Philippines) | <input type="checkbox"/> Protestant | <input type="checkbox"/> Alliance of Bible Christian Communities of the Philippines |
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Seventh Day Adventist | <input type="checkbox"/> Church of Jesus Christ of the Latter Day Saints |
| <input type="checkbox"/> Iglesia ni Cristo | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> OTHERS PLEASE SPECIFY _____ |

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 NUMBER			
SSS NUMBER			
GSIS NUMBER			
EMPLOYEE'S ID			
OTHERS: _____			

EDUCATIONAL LEVEL

(Check the Highest Educational Level Attained)

ELEMENTARY	LEVEL	GRADUATE	COLLEGE	LEVEL	GRADUATE	DOCTORATE	LEVEL	GRADUATE
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
HIGHSCHOOL	LEVEL	GRADUATE	MASTER DEGREE	LEVEL	GRADUATE	VOCATIONAL	LEVEL	GRADUATE
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

ADDRESS

PERMANENT HOME ADDRESS

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

Barangay Municipality Province Zip Code

Occupied Since (mm/dd/yyyy) _____

PRESENT HOME ADDRESS (Check Box If Address Is Same With The Permanent Home Address)

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

Barangay Municipality Province / State Country Zip Code

Occupied Since (mm/dd/yyyy) _____

COUNTRY + AREA CODE TELEPHONE NUMBER (indicate country code if abroad)

HOME	CELLPHONE	BUSINESS (DIRECT LINE)	BUSINESS (TRUNK LINE)	LOCAL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

OCCUPATION STATUS (choose one)

<input type="checkbox"/> PERMANENT JOB - PRIVATE	<input type="checkbox"/> PERMANENT JOB - GOV'T.	<input type="checkbox"/> SELF - EMPLOYED	<input type="checkbox"/> RETIRED	<input type="checkbox"/> HOMEMAKER	<input type="checkbox"/> OTHERS
<input type="checkbox"/> TEMPORARY JOB - PRIVATE	<input type="checkbox"/> TEMPORARY JOB - GOV'T.	<input type="checkbox"/> NOT EMPLOYED	<input type="checkbox"/> STUDENT	<input type="checkbox"/> OFW	_____

SOURCE OF INCOME / FUNDS	GROSS MONTHLY INCOME BRACKET (monthly income)
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<input type="checkbox"/> SALARY	<input type="checkbox"/> BUSINESS / SELF-EMPLOYMENT	<input type="checkbox"/> INVESTMENT	<input type="checkbox"/> P 10,000	<input type="checkbox"/> P 10,000 - P 19,999	<input type="checkbox"/> P 20,000 - P 49,999
<input type="checkbox"/> PENSION	<input type="checkbox"/> OFW REMITTANCE	<input type="checkbox"/> OTHERS PLEASE SPECIFY _____	<input type="checkbox"/> P 50,000 - P 99,999	<input type="checkbox"/> P 100,000+	

IF EMPLOYED

NAME OF EMPLOYER	POSITION / DESIGNATION	DATE HIRED (mm/dd/yyyy)
ADDRESS (Bldg. Name / Block / Phase No., St. / Prk., Brgy., City / Municipality, Province, Country)		
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) _____	

IF SELF-EMPLOYED

BUSINESS NAME	DATE STARTED (mm/dd/yyyy)
BUSINESS ADDRESS (Bldg. Name / Block / Phase No., St. / Prk., Brgy., City / Municipality, Province, Country)	CONTACT NUMBER

FAMILY INFORMATION

RELATIONSHIP	NAME <small>(LAST, FIRST, MIDDLE)</small>	DATE OF BIRTH <small>(MM / DD / YYYY)</small>	CONTACT NUMBER	SEX	TC MEMBER	BENEFICIARY
SPOUSE				M <input type="checkbox"/> F <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
CHILD 1				M <input type="checkbox"/> F <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
CHILD 2				M <input type="checkbox"/> F <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
CHILD 3				M <input type="checkbox"/> F <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
CHILD 4				M <input type="checkbox"/> F <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
CHILD 5				M <input type="checkbox"/> F <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
FATHER					YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
MOTHER'S <small>MAIDEN NAME</small>					YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Use separate sheet if necessary.

VEHICLE INFO

DO YOU HAVE A VEHICLE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
<u>TYPE OF VEHICLE</u>	<u>QUANTITY</u>	<u>PLATE NUMBERS</u>			
<input type="checkbox"/> MOTORCYCLE	_____	_____	_____	_____	_____
<input type="checkbox"/> TRICYCLE	_____	_____	_____	_____	_____
<input type="checkbox"/> CAR	_____	_____	_____	_____	_____
<input type="checkbox"/> TRUCK	_____	_____	_____	_____	_____
<input type="checkbox"/> PASSENGER VEHICLE <small>(Ex. JEEP / BUS)</small>	_____	_____	_____	_____	_____
<input type="checkbox"/> OTHERS: _____	_____	_____	_____	_____	_____

SKETCH MAP (PERMANENT HOME ADDRESS)

HEALTH DECLARATION

- Do you declare that you have suffered from any Cancer, Stroke, Heart Disease, Hypertension, Diabetes, Liver Diseases (including Hepatitis B/C) or any other medical condition requiring medical treatment for more than 2 weeks? YES NO
 If YES, Please Specify: _____
- Do you declare that you have been hospitalized for more than 2 consecutive nights during the past 3 years? YES NO
 If YES, Please Specify: _____
- Do you declare that you have been unable to work for more than 3 consecutive days due to sickness or if you are not employed that you have consulted any medical doctor (except for minor cold, cough, seasonal flu) during the past 12 months? YES NO
 If YES, Please Specify: _____

I, hereby certify that the information herein is true and correct to the best of my knowledge.

Signature over Printed Name

OTHER INFORMATION

Where did you know about Tagum Cooperative?

- | | | | | | |
|--------------------------------|------------------------------------|-------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> TV | <input type="checkbox"/> Newspaper | <input type="checkbox"/> TC Website | <input type="checkbox"/> Flyers / Brochure | <input type="checkbox"/> TC Officer | <input type="checkbox"/> TC Personnel |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Internet | <input type="checkbox"/> Facebook | <input type="checkbox"/> Friend / Associate | <input type="checkbox"/> Referral | <input type="checkbox"/> Other, please specify |

Vince Rapisura

TO BE FILLED-UP BY TAGUM COOPERATIVE

PMO DATE:	PMO CONDUCT BY:	RECRUITED BY:
INTERVIEWED BY:	ENCODED BY:	DATE OF ENCODING:

TAGUM COOPERATIVE
SPECIMEN SIGNATURE CARD

CID NO.

TRACK NO.

Account Name: (Print Full)

Name Middle Family Name

DATE OPENED (mm/dd/yyyy)

NEW **UPDATE**

Contact Number:

Registered Address: (Print Full)

Prk. / Street / Blk. Lot # / Subdivision Brgy. City / Town Province

I / We hereby agree to be governed by your regulations contained in the passbook. Please recognize the following signatures in payment of funds or transacting other business in my / our account.

ANY OF THESE MUST APPEAR **ANY TWO OF THESE MUST APPEAR** **ALL OF THESE MUST APPEAR**

<p>NAME: _____</p> <p>1. _____</p> <p>1. _____</p> <p>1. _____</p>	<p>NAME: _____</p> <p>2. _____</p> <p>2. _____</p> <p>2. _____</p>
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IDENTIFIED / AUTHENTICATED BY:

APPROVED BY:

DATE:

MEM-006-002-06.24.16/REV.JUNE..'16

For Joint Accounts, please accomplish this area.



NAME: _____



NAME: _____

MEM-006-002-06.24.16/REV.JUNE..'16

Requirements and Procedures for Associate - Online Membership application:

1. Documents Needed:
 - a. Membership Application form
 - b. Signature Card
 - c. 2pcs 2x2 ID Picture
 - d. Photocopy of 1 valid ID (TIN, SSS, and other governments issued IDs)
2. Send the scanned documents to membership@tagumcooperative.coop or at tagum_coop@yahoo.com and indicate the name of preferred Branch Office.
3. Wait for the Tagum Cooperative's confirmation and instruction through official email.
4. Pay the required membership monetary requirements through Bank or Remittance Company
 - a. Initial Share Capital P2,000.00
 - b. Initial Regular Savings P1,000.00

Total P3,000.00
5. Scan the deposit slips and send through email as proof of deposit.
6. Send original copy of the documents through courier with the following information:

<p style="text-align: center;">The Treasury Manager Tagum Cooperative 3rd floor , Tagum Cooperative Main Building, Dalisay Road, Brgy. Magugpo West, Tagum City, Davao del Norte, 8100, Philippines.</p>

TAGUM COOPERATIVE

SPECIMEN SIGNATURE CARD

CID NO.

TRACK NO.

Account Name: (Print Full)

Name

Middle

Family Name

DATE OPENED (mm/dd/yyyy)

NEW

UPDATE

Contact Number:**Registered Address: (Print Full)**

Prk. / Street / Blk. Lot # / Subdivision

Brgy.

City / Town

Province

I / We hereby agree to be governed by your regulations contained in the passbook. Please recognize the following signatures in payment of funds or transacting other business in my / our account.

ANY OF THESE MUST APPEAR

ANY TWO OF THESE MUST APPEAR

ALL OF THESE MUST APPEAR

NAME: _____

1. _____

1. _____

1. _____

NAME: _____

2. _____

2. _____

2. _____

IDENTIFIED / AUTHENTICATED BY:

APPROVED BY:

DATE:

For Joint Accounts, please accomplish this area.

1x1

NAME: _____

1x1

NAME: _____