



PHCCI-MPC Tacloban
Perpetual Help Multi-Purpose Cooperative
Redemptorist Comp., Real Street, Tacloban City, 6500
CDA Reg. No. 9520-08003295 TIN No. 001-332-251-000

Founded 1969

2" X 2" ID picture

MEMBERSHIP APPLICATION FORM

TO: THE BOARD OF DIRECTORS

PHCCI-MPC Tacloban

I hereby apply for REGULAR MEMBERSHIP in PHCCI-MPC Tacloban _____ Branch/Satellite office. 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 (P1,200) in lump sum, 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 at least One Thousand Pesos (P1,000), as my monthly savings deposit balance.
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 R.A. 6938 & R.A. 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.

I hereby truthfully present my personal information to help guide the Board of Directors in determining my eligibility and capability as a member:

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Suffix Name	
Nickname		Birth Date (dd/mm/yyyy)	Age	Place & Country of Birth
Civil Status	Sex/Gender	Blood Type	Height (ft. & in.)	Weight (lbs.)
Educational Attainment	No. of Children	No. of Dependents	Citizenship/Nationality	Religion
Mobile No.	E-mail Address		Tel. number w/ area code	Office Tel. number w/area code

SOCIAL AFFILIATION

Organization	Office Address	Position/Designation	
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SPOUSE INFORMATION (Maiden Name for female)

Spouse Name	Last Name	First Name	Middle Name	Suffix Name
Spouse Birthday		Educational Attainment of Spouse		
Company Name		E-mail Address		Office Phone number
Employer Address		Gross Annual Income		Other Sources of Income

PRESENT ADDRESS

Country	Region	Province	City/Municipality	Postal Code
Barangay	Subdivision		Street	House No.
Occupied Since:	Living w/ Parents? (Y/N)	Rented House? (Y/N)	Owned House? (Y/N)	House Owner, if rented

PERMANENT ADDRESS

Country	Region	Province	City/Municipality	Postal Code
Barangay	Subdivision		Street	House No.
Years of Stay	From:		To:	

EMPLOYMENT INFORMATION				
Current Company/Company last attended	Sector	Region	Province	City/Municipality
Barangay	No./Street/Subdivision		Company ID No.	Employment Status/Reason for Separation
Position		Job Level		Years of Employment
Gross Annual Income	Other Sources of Income	Hired from (year)		Hired Until (year)
Postal Code				
SELF-EMPLOYMENT				
Sector	Sub-sector	Business name		Line of Business
City/Municipality	Region	Barangay	No./Street/Subd.	
Gross Annual Income	Business TIN	DTI Number		Business Contact Number
PARENT'S INFORMATION				
Mother's Maiden Name		Last Name	First Name	Middle Name
Region	Province	City/Municipality	Barangay	Street/Subdivision
Father's Name		Last Name	First Name	Middle Name
Region	Province	City/Municipality	Barangay	Street/Subdivision
Postal Code				
VALID ID's				
TIN No. (Required)				
SSS No.				
GSIS No.				
PAG-IBIG No.				
Philhealth No.				
Senior Citizen Card				
Driver's License No.		Date Issued:	Expiry Date:	
Passport ID No.		Date Issued:	Expiry Date:	
PRC ID No.		Date Issued:	Expiry Date:	
Postal ID No.		Date Issued:	Expiry Date:	
BANK ACCOUNTS				
(Name of Bank 1, Type of Account (Current/Savings/Time Deposit)				
(Name of Bank 2, Type of Account (Current/Savings/Time Deposit)				
(Name of Bank 3, Type of Account (Current/Savings/Time Deposit)				
ASSETS (CAR & OTHER ASSETS)				
CHILDREN INFORMATION/DEPENDENTS INFORMATION				
Name (Last name, First Name, Middle Name)			BIRTHDAY (mm/dd/yyyy)	
DOSRI (if applicable)				
Are you related to any of the incumbent directors, officers, staff or related interests (up to 3rd degree of consanguinity and affinity) in PHCCI-MPC Tacloban?			Yes <input type="checkbox"/>	No <input type="checkbox"/> if Yes, kindly fill up below
FULL NAME OF EMPLOYEE/OFFICER:				
POSITION:				
BRANCH:				
RELATIONSHIP:				

Left
Thumbmark

Right
Thumbmark

Signature of Applicant above printed name and Date

To be filled up by PHCCI-MPC Personnel

Membership Fee _____ CR No. _____ Date _____
Registration Fee _____ CR No. _____ Date _____
Initial Share Capital _____
Initial Savings Deposit _____
CooPagtutulungan _____
PMES Date _____

Referred by: _____ Encoded by: _____ Recommending Approval: _____ Scanned by: _____

ember

MMW Officer

Branch Manager

MMW Officer

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

Board Resolution No. _____

Approved by: _____

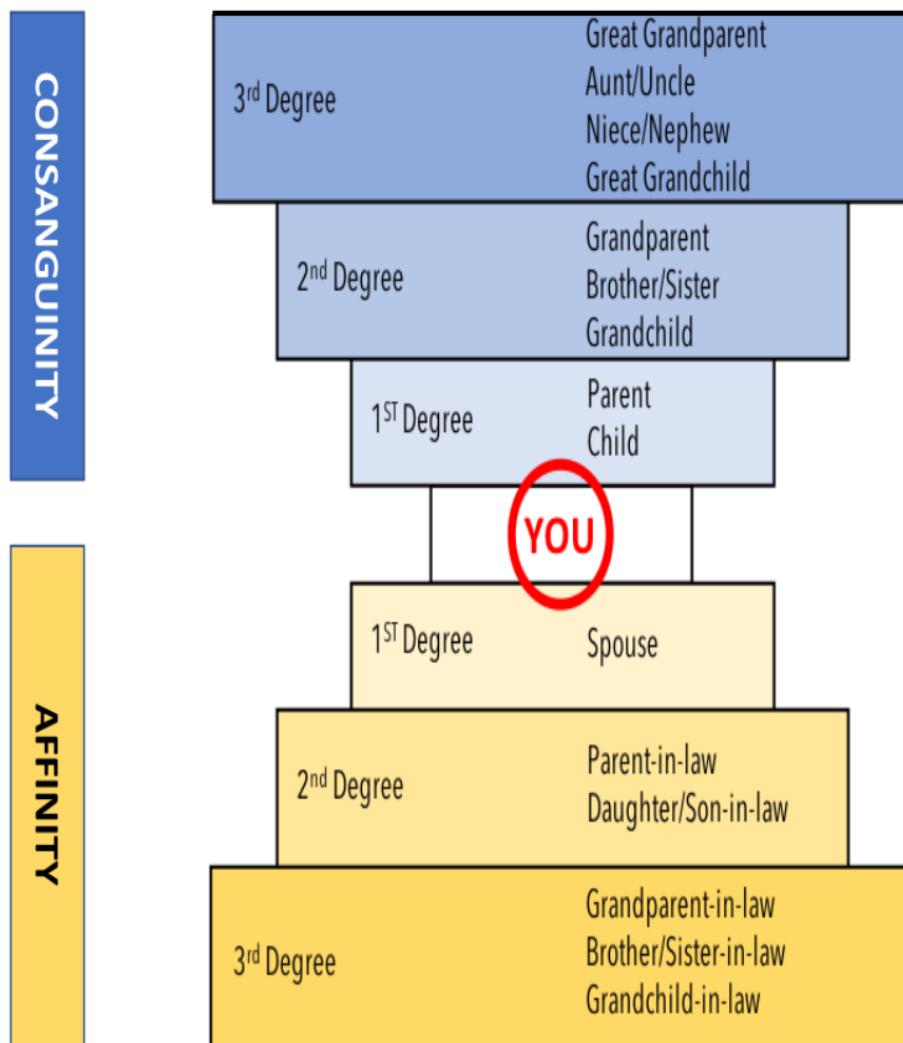
BOD Chairperson

Person to be notified in case of emergency:

Name	Address	Tel./Cel. No.
Name	Address	Tel./Cel. No.

House Sketch: Please sketch your residence address in the space below. Kindly make it clear & easy to locate

Third Degree Consanguinity & Affinity Illustration



Checklist of Documentary Requirements:

- Barangay Certificate of Residency or Latest and Original Proof of Billing under the name of the applicant
- TIN No. or Photocopy of TIN ID
- Photocopy of 1 Gov't. Issued ID or School ID for student applicant
- 2 pcs 2 X 2 ID Pictures
- Duly Accomplished Regular Membership Form endorsed by a PHCCI Regular Member

Checked by:

MWDO Assistant/ Associate



Founded: 1969

PHCCI-MPC Tacloban
Perpetual Help Multi-Purpose Cooperative
Redemptorist Compound, Real Street, Tacloban City, 6500

COOPAGTUTULUNGAN FORM

MEMBERS INFORMATION

Account No. _____

Name _____
First Name _____

Middle Name _____

Last Name _____

Date of Birth: _____
Civil Status: _____
Occupation: _____

Place of Birth: _____
Gender: Male Female Age: _____

Home Address or Contact Address:

House No.: _____ Brgy. _____ Town/City _____
Business Address: _____ Office/Company: _____ Postal Code: _____

BENEFICIARY OF THE MEMBER

NAME: _____
First Name _____ Middle Name _____ Last Name _____
Address: _____ Landline No.: _____ Cellphone No.: _____
Relationship to the member: _____ Date of Birth: _____ Occupation: _____

(Note: In case of change of beneficiary for any reason the principal should notify PHCCI by filling-up new Coopagtutulungan Form to update new beneficiary information)

NEW COOPAGTUTULUNGAN POLICY

- 1. Rationale**
 - 1.1 The PHCCI-MPC Tacloban CooPagtutulungan Program is a mortuary financial assistance program of PHCCI regular members extended to the family of PHCCI-MPC Tacloban CooPagtutulungan members in time of death.
 - 1.2 There will be only one CooPagtutulungan Program for the entire PHCCI-MPC Tacloban to include the branches and satellite offices.
- 2. Policy Statement**

It is hereby declared a policy that PHCCI-MPC Tacloban shall pursue pro-member programs that will either be free or low-cost to enhance and strengthen the bond of camaraderie among members while promoting loyalty to the cooperative.
- 3. Objectives**
 - 3.1 To provide financial assistance to the bereaved family of PHCCI-MPC Tacloban CooPagtutulungan member in time of death.
 - 3.2 To manifest brotherhood/sisterhood in the spirit of Cooperativism among members.
- 4. Scope**

This new policy on Coopagtutulungan Program shall apply to all existing and incoming members of PHCCI-MPC Tacloban.
- 5. Definition of Terms**
 - a. Regular Member – is one who is entitled to all the rights and privileges of membership.
 - b. Beneficiary – a person designated by the Regular Member in the Coopagtutulungan membership agreement whom may not necessarily be a next of kin.
 - c. CooPagtutulungan Contribution - required amount of money given or paid by the member to the CooPagtutulungan fund annually.
 - d. CooPagtutulungan Fund - collective amount of money coming from the annual contributions of the members from which the Financial Assistance is given to the beneficiary of a deceased member. This fund shall be considered as a Trust Fund to be used solely for CooPagtutulungan related activities.
 - e. Financial Assistance - amount of money or aid given to the designated beneficiary of the deceased member.
- 6. Guidelines**
 - 6.1 All Regular Members of PHCCI-MPC Tacloban are qualified to join this CooPagtutulungan Program of 2019.
 - 6.2 All new CooPagtutulungan applicant-member shall pay a one-time registration fee of one hundred pesos (P100.00) and contribution of six hundred pesos (Php 600.00) to the PHCCI-MPC Tacloban CooPagtutulungan Program with one (1) year coverage effective on the date of application and continuously pay the same amount of contribution annually.
 - 6.3 For existing members of the CooPagtutulungan Program regardless if the signed Coopagtutulungan form is not updated, will be covered on this program as long as payment of Php 600.00 will be fulfilled annually.
 - 6.4 An applicant must be eighteen (18) years to seventy (70) years old at the time of application for membership in the PHCCI-MPC Tacloban CooPagtutulungan Program.

6.5 New regular members with ages seventy-one (71) years and above may join the Coopagtutulungan Program provided that they will contribute Php 600.00 annually and shall only be entitled of ten thousand pesos (Php 10,000.00) benefit.
6.6 Associate members with ages seventy-one (71) years and above may join the CooPagtutulungan Program provided that they have deposited Php 1,200 preferred shares and paid the Php 600.00 contribution and will only be entitled to ten thousand pesos (P10,000.00) benefit.

7. Requirements

- 7.1 Must maintain a share capital of at least one thousand two hundred pesos (P1,200.00).
- 7.2 Must maintain a savings deposit of at least one thousand pesos (P1,000.00).
- 7.3 Must have a CooPagtutulungan Special Savings Deposit of six hundred (P600.00) deposited atleast or three (3) months before death of member.
- 7.4 Whoever is declared beneficiary in the new CooPagtutulungan Agreement will be the sole claimant of the CooPagtutulungan benefits regardless of relationship.
- 7.5 Exempted from the requirements:
 - 7.5.1 Founding members are exempted from these requirements.
 - 7.5.2 Regular employees reaching compulsory retirement age of 60 years old.
 - 7.5.3 Regular members who continuously paid the CooPagtutulungan for 30 years.

8. Fund Source

The corresponding benefit due to the qualified beneficiary shall be taken from the special CooPagtutulungan Program.

9. Benefit/Entitlement

9.1 Seventy thousand pesos (P70,000.00) financial assistance, provided:

- 9.1.1 Member satisfies provision on the requirements.
- 9.1.2 Member has patronized one (1) PHCCI-MPC Tacloban product within the last twenty-four (24) months like loan availment or savings.
- 9.2 Seventy thousand pesos (P70,000.00) financial assistance to the family of founding members of PHCCI-MPC Tacloban who are no longer members at the time of death.
- 9.3 Ten thousand pesos (P10,000.00) financial assistance for CooPagtutulungan members who do not qualify under Php 70,000.00 Benefit/Entitlement.

10. Requirements for Claim

10.1 Death certificate or other alternative proof of death of the member with certification from the barangay.

10.2 Valid ID of the member and beneficiary.

11. Release of Benefit

11.1 Upon death of the member, CooPagtutulungan must be processed 2-3 days upon submission of the requirements for claim.

11.2 Fifty percent (50%) of the financial assistance will be deducted and applied to the loan of the member with outstanding loan balance.

11.3 Actual amount of loan balance will be deducted and applied to the loan of the member if the loan balance is lesser than 50% of the financial assistance.

11.4 One hundred percent (100%) of the financial assistance will be released to the beneficiary if the member has no loan obligation.

12. Automatic Deduction

12.1 PHCCI-MPC Tacloban has express authority to deduct from savings to be deposited to the coopagtutulungan special savings if the member signed an authority to debit and did not pay yet the annual Coopagtutulungan contribution for the year.

12.2 PHCCI-MPC Tacloban has express authority to deduct from dividend and loan proceeds of the member to be deposited to the coopagtutulungan special savings deposit if the member did not pay yet the annual CooPagtutulungan contribution for the year.

13. Repealing Clause

Any and all existing resolutions, policies and IRR's on CooPagtutulungan are superseded and cancelled by this New Policy on CooPagtutulungan.

14. Effectivity

This new policy shall take effect on January 01, 2020

AS APPROVED PER BOD RESOLUTION NO. 557 SERIES 2019 DURING THE REGULAR JOINT MEETING HELD LAST DECEMBER 28, 2019.

I, _____, hereby agree in the PHCCI-MPC Tacloban Coopagtutulungan Death Assistance program and shall comply with all the requirements stipulated in the New Coopagtutulungan Policy. That as a member, I will abide to the rules and regulations that govern this Coopagtulungan Program.

Signed this _____ day of _____ 20 _____ at Tacloban City, Philippines.

Perpetual Help Multi-Purpose Coop (PHCCI-MPC)
By:

Member's Signature Over Printed Name

PHCCI-MPC Manager/Satellite Head

SIGNED IN THE PRESENCE OF:

1. _____
Printed Name & Signature

2. _____
Printed Name & Signature



PHCCI-MPC Tacloban
Perpetual Help Multi-Purpose Cooperative
Redemptorist Compound, Real Street, Tacloban City, 6500

STOCKS SUBSCRIPTION AGREEMENT

I, _____, of legal age, single/married, and a resident of _____ hereby subscribes Eighty-Four (84) common shares of the Capital Stock of the PHCCI-MPC Tacloban valued at one hundred pesos (P100.00) each and to pay the same without need of call according to the following schedule:

Date	Number of Shares	Amount (in pesos)
Dec. 20 _____	12	P 1,200.00
Dec. 20 _____	12	P 1,200.00
Dec. 20 _____	12	P 1,200.00
Dec. 20 _____	12	P 1,200.00
Dec. 20 _____	12	P 1,200.00
Dec. 20 _____	12	P 1,200.00
Dec. 20 _____	12	P 1,200.00

This is without prejudice for me to make further subscription not to exceed ten percent (10%) of the total capital stock of the PHCCI-MPC Tacloban after the above shall have been complied with.

(Member's Signature over Printed Name)

Date



STOCKS SUBSCRIPTION AGREEMENT

I, _____, of legal age, single/married, and a resident of _____ pledge to initially purchase twelve (12) common shares of the Capital Stock of the PHCCI MPC Tacloban valued at one hundred pesos (P100.00) each. I also subscribe to Eighty-four (84) shares with a total value at Eight Thousand, Four Hundred (P 8,400.00) Pesos and to pay the same by December 20 _____ - 20 _____, without need of call.

(year covered)

(Member's Signature over Printer Name)