



# TAGUM COOPERATIVE

*"where people invest their trust"*

## APPLICATION FORM

PREFERRED BRANCH: \_\_\_\_\_

CID# \_\_\_\_\_

TRACK# \_\_\_\_\_

UMID# \_\_\_\_\_

Regular Member ☐

Associate Member ☐ \_\_\_\_\_

## MEMBERSHIP & SUBSCRIPTION AGREEMENT

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 connection with my membership application, I hereby agree to the following terms and/or conditions:

- 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,
  - Fine;
  - Suspend; or
  - Expel me from the membership whereupon all my shareholding shall be answerable for my liabilities to the cooperative.
- To attend meetings, conferences and/or seminars as required by the Cooperative.
- To participate in the planned savings program and/or Capital build-up by:
  - 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 in the event that the Initial Share Capital subscription is fully-paid.
  - Investing in the Share Capital build up or savings mobilization program;
    - Percentage of each loan granted to borrowers or any amount as determined from time to time by the Board of Directors;
    - 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 Php. 100.00 per annum.
- To pay the required membership fee of \_\_\_\_\_.
- To comply with the directives of the duly constituted authorities as well as decisions of the Board regarding the operating policies of the Cooperative.
- 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 Php. 8,000.00 and Savings Deposit of Php. 1,000.00. The one-time membership fee of Php. \_\_\_\_\_ shall be deducted to member's deposits upon conversion.
- To regularly contribute to my Share Capital, patronize products and services of Tagum Cooperative, participate in various activities and help promote the Cooperative.
- I understand that availment of loans is a privilege and not a matter of right; whenever I avail of a loan product, I commit to take care of my account responsibly and to pay promptly.

### DATA PRIVACY CONSENT

- In compliance with RA 9510 - Credit Information System Act and its governing rules and regulation, I hereby agree and authorized Tagum Cooperative the regular submission and disclosure of my basic credit data including related updates/ corrections, receive and consolidate basic credit data to the Credit Information Corporation (CIC) and other entities authorized under the law.
- In compliance with the Data Privacy Act (DPA) of 2012, and its Implementing Rules and Regulations, I agree and authorized Tagum Cooperative to :
  - Use my Personal Information or data to process any transaction related to the availment of Tagum Cooperative's products and services including the insurance services and administer the benefits as stated in my policy (ies) and other existing service agreements.
  - Retain my information in Tagum Cooperative Membership Information Database in all its branches shared with other entities duly accredited by Credit Information Corporation (CIC) and other life insurance companies in accordance with the Insurance Regulation of the Philippines.
  - 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.
  - Personal data be retained by Tagum Cooperative for the establishment, exercise or defense of legal claim, for legitimate purpose and for its fulfillment thereof, and for other purposes allowed by law.
  - Use all personal information/data, transactions, membership information and relevant documents for the protection and enforcement of rights and interest of Tagum Cooperative in the preparation of demands, conciliation and mediation and court proceedings or regulation.
  - Inform me of future customer campaigns and base its offer using the personal information I shared with the company

The provisions of this agreement, the Articles of Cooperation, By-Laws, and Data Privacy Consent have been explained to me and I agree to abide with all of them. In witness hereof, I have hereunto affixed my signature this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature Over Printed Name

PERSONAL INFORMATION

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

Member's Name as appearing in the Birth Certificate ( ☐ Check Box if Name is Same as Stated Above)

BIRTHPLACE	COUNTRY OF BIRTH	BIRTHDATE	SEX	AGE	CIVIL STATUS
<small>(Municipality/City,Province)</small>		<small>(mm/dd/yy)</small>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOW/ER <input type="checkbox"/> ANNULLED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED

RELIGIOUS / SOCIAL AFFILIATION

☐ Roman Catholic  
☐ United Pentecostal Church (Philippines)  
☐ Baptist  
☐ Iglesia ni Cristo

☐ Islam  
☐ Protestant  
☐ Seventh Day Adventist  
☐ OTHERS PLEASE SPECIFY  
\_\_\_\_\_

NATIONALITY  
\_\_\_\_\_  
  
NO. OF DEPENDENTS  
\_\_\_\_\_

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

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

CONTACT DETAILS

MOBILE NO. \_\_\_\_\_ OFFICE PHONE NO. \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_ E-MAIL ADDRESS. \_\_\_\_\_

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"/>

SKETCH MAP (PERMANENT HOME ADDRESS)

PREFERRED MAILING ADDRESS

☐ PRESENT HOME ADDRESS

☐ PERMANENT HOME ADDRESS

☐ EMPLOYEEER / BUSINESS ADDRESS

TYPE OF RESIDENCE

☐ OWNED

☐ RENT

☐ MORTGAGE

☐ OTHERS

EMPLOYMENT / OCCUPATION / BUSINESS DATA

OCCUPATION STATUS (choose one)

☐ PERMANENT JOB - PRIVATE

☐ PERMANENT JOB - GOV'T.

☐ SELF - EMPLOYED

☐ RETIRED

☐ HOMEMAKER

☐ OTHERS

☐ TEMPORARY JOB - PRIVATE

☐ TEMPORARY JOB - GOV'T.

☐ NOT EMPLOYED

☐ STUDENT

☐ OFW

SOURCE OF INCOME / FUNDS

GROSS MONTHLY INCOME BRACKET (monthly income)

☐ SALARY

☐ BUSINESS / SELF-EMPLOYMENT

☐ INVESTMENT

☐ PENSION

☐ OFW REMITTANCE

☐ OTHERS PLEASE SPECIFY

☐ P 10,000

☐ P 10,000 - P 19,999

☐ P 20,000 - P 49,999

☐ P 50,000 - P 99,999

☐ 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) <div><div><input type="checkbox"/> Land-based (Pls. specify country of assignment)</div><div><input type="checkbox"/> Sea-based (Pls. specify country of assignment)</div></div>	

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 (LAST, FIRST, MIDDLE)	DATE OF BIRTH (MM / DD / YYYY)	CONTACT NUMBER	CIVIL STATUS	SEX	TC MEMBER
SPOUSE					M <input type="checkbox"/> F <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"/>
CHILD 2					M <input type="checkbox"/> F <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"/>
SISTER					M <input type="checkbox"/> F <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
BROTHER					M <input type="checkbox"/> F <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
FATHER						YES <input type="checkbox"/> NO <input type="checkbox"/>
MOTHER'S MAIDEN NAME						YES <input type="checkbox"/> NO <input type="checkbox"/>

NAMED BENEFICIARIES

DESIGNATION	RELATIONSHIP	NAME (LAST, FIRST, MIDDLE)	CONTACT NUMBER	DATE OF BIRTH (MM / DD / YYYY)	CIVIL STATUS
PRIMARY					
SECONDARY					

Use separate sheet if necessary

“I hereby declare that my above-named beneficiary shall also be my benefeciary to all my deposits, share capital, time deposit, ATM account, and other savings products, of whatever nature, at Tagum Cooperative registered in my name.”

Signature over printed name

VEHICLE INFO

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

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?

- ☐ TV
- ☐ Newspaper
- ☐ TC Website
- ☐ Flyers / Brochure
- ☐ TC Officer
- ☐ TC Personnel
- ☐ Radio
- ☐ Internet
- ☐ Facebook
- ☐ Friend / Associate
- ☐ Referral
- ☐ Other, please specify

TO BE FILLED-UP BY TAGUM COOPERATIVE

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