



## PERSONAL INFORMATION

### Account Name

FAMILY NAME		FIRST NAME	MIDDLE NAME
DATE OF BIRTH (mm) (dd) (yyy)		BIRTHPLACE	
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		RELIGION	NATIONALITY
CONTACT NO.		GRADE/YEAR LEVEL	SECTION
HOME ADDRESS			
SCHOOL NAME/CHAPTER			
ADDRESS			
MEMBERSHIP PREFERENCE			
<input type="checkbox"/> YOUTH SAVERS <input type="checkbox"/> POWER TEEN <input type="checkbox"/> AFLATOUN (School based) <input type="checkbox"/> LAB COOP			

## PARENTS/GUARDIAN INFORMATION

### FATHER'S NAME

FAMILY NAME		FIRST NAME	MIDDLE NAME
OCCUPATION:		CONTACT #	DATE OF BIRTH (mm) (dd) (yyy)
MY FATHER IS A MEMBER OF TAGUM COOP. <input type="checkbox"/> YES <input type="checkbox"/> NO			

### MOTHER'S NAME

FAMILY NAME		FIRST NAME	MIDDLE NAME
OCCUPATION:		CONTACT #	DATE OF BIRTH (mm) (dd) (yyy)
MY MOTHER IS A MEMBER OF TAGUM COOP. <input type="checkbox"/> YES <input type="checkbox"/> NO			

## PARENTAL ACKNOWLEDGMENT

I declare that all above information is true and correct. I consent my child to join the TC LABORATORY COOPERATIVE PROGRAM. My child and I have agreed that:

2x2 ID

Only his/her signature is necessary to make savings withdrawal.

Only my signature is necessary to make savings withdrawal.

Both signatures are needed for savings withdrawal.

\_\_\_\_\_  
Parent/Guardian Signature Over Printed Name

# TC LABORATORY COOPERATIVE

Under the Guardianship of:

**TAGUM COOPERATIVE**

## SIGNATURE CARD

ACCOUNT NUMBER

FAMILY NAME		GIVEN NAME		MIDDLE NAME
ADDRESS	STREET	CITY / PROVINCE	CONTACT NUMBER	
DATE OF BIRTH	NATIONALITY	SEX	Father's Name	Contact No.
	[ ] Filipino [ ] Others , Specify	[ ] Male [ ] Female	Mother's Name	Contact No.

### ACCOUNT HELD IN TRUST

NAME	
DATE OF BIRTH	REMARKS

## TC LABORATORY COOPERATIVE

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

\_\_\_\_\_  
Specimen Signature

\_\_\_\_\_  
Specimen Signature

\_\_\_\_\_  
Specimen Signature

\_\_\_\_\_  
Specimen Signature

Approved/Noted	Signature Taken and Authorized	Initial Deposit	Date Opened
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YLC-017-001-07-15-14/Rev. July, '14