



"Join us, Grow with us"

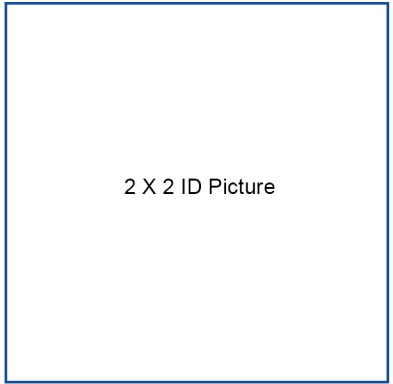
Instructions

- a. Fill up the form. All fields must be filled out completely as required by RA 9510.
- b. Please fill up clearly in BLOCK or CAPITAL LETTERS and affix signature(s).
- c. Do not leave any field blank. Indicate N/A when not applicable.

NEW MEMBER FOR UPDATING

PERSONAL DATA

LAST NAME _____ MIDDLE NAME _____
 FIRST NAME _____ SUFFIX _____ SEX: MALE FEMALE
 CIVIL STATUS: SINGLE MARRIED WIDOW DATE OF BIRTH ____/____/____ AGE _____
(mm) (dd) (yyyy)
 TELEPHONE NUMBER _____ MOBILE NUMBER _____
 RELIGION _____ E-MAIL ADDRESS _____
 PLACE OF BIRTH _____
(Lot/Block/House/Bldg. No.) (Street) (Subdivision/Village) (Barangay) (City/Municipality) (Province)
 PRESENT ADDRESS _____
(Lot/Block/House/Bldg. No.) (Street) (Subdivision/Village) (Barangay) (City/Municipality) (Province)
 DURATION OF RESIDENCY WITH PRESENT ADDRESS _____ YEARS _____ MONTHS
 LIVING WITH THE PARENTS YES NO
 HOUSE own rent, rental/mo.: _____ mortgage, mortgage/mo.: _____
 LOT: own rent, rental/mo.: _____ mortgage, mortgage/mo.: _____
 TAX IDENTIFICATION NUMBER (TIN) _____
 EDUCATIONAL ATTAINMENT ELEMENTARY LEVEL HIGH SCHOOL LEVEL COLLEGE LEVEL GRADUATE
 ELEMENTARY GRADUATE HIGH SCHOOL GRADUATE COLLEGE GRADUATE POST-GRADUATE



EMPLOYMENT/OCCUPATION/BUSINESS DATA

EMPLOYMENT STATUS(choose one)
 PRIVATE EMPLOYEE GOVERNMENT EMPLOYEE

 REGULAR CONTRACTUAL CASUAL JOB ORDER

 PROFESSION _____
 OFFICE WORKER
 ADMINISTRATOR EXECUTIVE OFFICER
 MANAGER STAFF/PERSONNEL
 CLERICAL
 SALES/MARKETING
 MAINTENANCE PERSONNEL
 OTHERS, PLEASE SPECIFY: _____
 SKILLED WORKER
 CARPENTER DRIVER MASON TAILOR
 OTHERS, PLEASE SPECIFY: _____
 OVERSEAS FILIPINO WORKER (OFW)
 LABORER/HELPER
 DRIVER CONSTRUCTION NANNY WORKER
 OTHERS, PLEASE SPECIFY: _____
 CHURCH WORKER/SERVANT
 VOLUNTEER PART-TIME FULL-TIME CASUAL
 PERMANENT OTHERS, PLEASE SPECIFY: _____
 HOME BASED (online job)
 OTHERS, PLEASE SPECIFY: _____

SELF-EMPLOYED (PROFESSIONAL)
 DOCTOR ARCHITECT
 ACCOUNTANT ENGINEER
 OTHERS, PLEASE SPECIFY: _____
 SELF-EMPLOYED (NON-PROFESSIONAL)
 VENDOR APPLIANCES REPAIRER
 SHOEMAKER CELLPHONE REPAIRER
 OTHERS, PLEASE SPECIFY: _____
 BUSINESS OWNER
 TYPE OF BUSINESS _____
 ASSET SIZE: BELOW PHP 100,000.00
 PHP100,000.00 - PHP1,000,000.00
 PHP1,000,001.00 - PHP5,000,000.00
 PHP5,000,001.00 - PHP10,000,000.00
 ABOVE PHP10,000,001.00
 FARMER
 LAND OWNER TENANT LABORER
 FISHER FOLK
 INDIGENOUS PEOPLE (Pls. specify): _____
 HOUSEWIFE
 PERSON WITH REDUCED MOBILITY (PRM)
 RETIREE
 PENSIONER
 REBEL RETURNEES
 YOUTH/STUDENT

FOR EMPLOYED

NAME OF EMPLOYER LENGTH OF SERVICE

STATUS OF EMPLOYMENT REGULAR CONTRACTUAL CASUAL JOB ORDER

ADDRESS OF EMPLOYER EMPLOYER'S CONTACT NO.

(Lot/Block/House/Bldg. No.) (Street) (Subdivision/Village) (Barangay) (City/Municipality) (Province)

GROSS MONTHLY SALARY BELOW P10,000 P10,000.00-P19,999 P20,000-P49,999 P50,000-P99,999 ABOVE P100,000

FOR THOSE WHO HAVE EXISTING BUSINESS

REGISTERED NAME OF BUSINESS BUSINESS T.I.N.

BUSINESS ADDRESS

(Lot/Block/House/Bldg. No.) (Street) (Subdivision/Village) (Barangay) (City/Municipality) (Province)

CONTACT NUMBER DURATION OF OPERATION years & months NUMBER OF WORKERS

GROSS YEARLY INCOME BELOW P50,000 P50,000.00-P149,999 P150,000-P249,999 P250,000-P349,999 P350,000-P449,999
 P450,000.00-P549,999 P550,000-P649,999 P650,000-P749,999 P750,000-P849,999 P850,000-P949,999
 P950,000.00-P1,299,999 P1,300,000-P1,499,999 P1,500,000-P1,799,999 P1,800,000-P2,000,000 ABOVE P2,000,000

OTHER SOURCE OF INCOME/FUNDS: PENSION REGULAR REMITTANCE INVESTMENT

GROSS MONTHLY INCOME BELOW P10,000 P10,000.00-P19,999 P20,000-P49,999 P50,000-P99,999 ABOVE P100,000

FAMILY BACKGROUND

FATHER'S FULLNAME

(Last Name) (First Name) (Suffix) (Middle Name)

DATE OF BIRTH / / AGE MOBILE NUMBER OCCUPATION

(mm) (dd) (yyyy)

MOTHER'S MAIDEN FULLNAME

(Last Name) (First Name) (Suffix) (Middle Name)

DATE OF BIRTH / / AGE MOBILE NUMBER OCCUPATION

(mm) (dd) (yyyy)

SPOUSE'S FULLNAME (if married)

(Last Name) (First Name) (Suffix) (Middle Name)

DATE OF BIRTH / / AGE MOBILE NUMBER

(mm) (dd) (yyyy)

OCCUPATION NAME OF EMPLOYER

EMPLOYMENT STATUS REGULAR CONTRACTUAL CASUAL JOB ORDER MONTHLY INCOME

NO. OF CHILDREN LIVING WITH YOU

NO. OF CHILDREN CONTRIBUTING TO HOUSEHOLD INCOME TOTAL MONTHLY CONTRIBUTION

NO. OF WORKING CHILDREN NO. OF STUDYING CHILDREN NO. OF NOT STUDYING CHILDREN

HOUSEHOLD GROSS YEARLY INCOME P150,000-P249,999 P250,000-P349,999 P350,000-P449,999 P450,000.00-P549,999 P550,000-P649,999
 P650,000-P749,999 P750,000-P849,999 P850,000-P949,999 P950,000.00-P1,299,999 P1,300,000-P1,499,999
 P1,500,000-P1,999,999 P2,000,000-P2,499,000 P2,500,000-P2,999,999 P3,000,000-P3,499,999 ABOVE P3,500,000

PERSON/S TO BE NOTIFIED IN CASE OF EMERGENCY:

CONTACT NO. ADDRESS

(Lot/Block/House/Bldg. No.) (Street) (Subdivision/Village) (Barangay) (City/Municipality) (Province)

BENEFICIARIES:

BENEFICIARIES	DATE OF BIRTH	RELATIONSHIP
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<small>(Last Name) (First Name) (Suffix) (Middle Name)</small>	<small>(mm) (dd) (yyyy)</small>	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<small>(Last Name) (First Name) (Suffix) (Middle Name)</small>	<small>(mm) (dd) (yyyy)</small>	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<small>(Last Name) (First Name) (Suffix) (Middle Name)</small>	<small>(mm) (dd) (yyyy)</small>	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<small>(Last Name) (First Name) (Suffix) (Middle Name)</small>	<small>(mm) (dd) (yyyy)</small>	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<small>(Last Name) (First Name) (Suffix) (Middle Name)</small>	<small>(mm) (dd) (yyyy)</small>	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<small>(Last Name) (First Name) (Suffix) (Middle Name)</small>	<small>(mm) (dd) (yyyy)</small>	

DECLARATION AND SPECIMEN SIGNATURE

Declaration and Specimen Signature

- I, whose specimen signature appears below, confirm that all the information disclosed in this membership application form is correct and complete. Any changes in the foregoing information shall be communicated to the Cooperative. I hereby authorize the Cooperative to verify and investigate any and all information given by me which the Coop may deem appropriate.
- I hereby acknowledge and authorize the Cooperative:
 - the regular submission and disclosure of my basic credit data (as defined under Republic Act No. 9510 and its implementing Rules and Regulations) 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 the CIC, and credit reporting agencies duly accredited by the CIC.

SIGNATURE OVER PRINTED NAME

DATE



PHILHEALTH MEMBER NO YES, PHILHEALTH NO.

PHILHEALTH INFORMATION (do not fill-up if not a Philhealth Member)

IPP/SELF-EMPLOYED/VOLUNTARY

SPONSORED PROGRAM

OWWA

EMPLOYED

OTHERS, PLEASE SPECIFY: _____

OPTIONS FOR PAYMENT

PHILHEALTH MONTHLY

QUARTERLY

SEMI-ANNUALLY

ANNUALLY

PLUS HEALTH MONTHLY

QUARTERLY

SEMI-ANNUALLY

ANNUALLY

Note: The member agrees for an automatic deduction from his/her savings in case of default in payment.

MEMBERSHIP FEE (PHP100.00)

OR No.

DATE / /
(mm) (dd) (yyyy)

I HEREBY AGREE THAT MY COOP CARE POLICY WILL BE AUTOMATICALLY RENEWED EVERY YEAR UNLESS I DECIDE TO EXPRESS TERMINATION OR WITHDRAWAL OF MY MEMBERSHIP FROM THE COOPERATIVE.

(PLEASE SKETCH YOUR RESIDENCE IN THIS SPACE)

NAME AT LEAST THREE (3) NEIGHBORS:

(PLEASE SKETCH YOUR BUSINESS/OFFICE ADDRESS IN THIS SPACE)



MEMBER'S FULLNAME

(Last Name) (First Name) (Suffix) (Middle Name)

DATE OF BIRTH

____/____/____
(mm) (dd) (yyyy)

DATE OF DEATH

____/____/____
(mm) (dd) (yyyy)

SPOUSE'S FULLNAME

(Last Name) (First Name) (Suffix) (Middle Name)

____/____/____
(mm) (dd) (yyyy)

____/____/____
(mm) (dd) (yyyy)

CHILDREN'S FULLNAME

(Last Name) (First Name) (Suffix) (Middle Name)

____/____/____
(mm) (dd) (yyyy)

____/____/____
(mm) (dd) (yyyy)

(Last Name) (First Name) (Suffix) (Middle Name)

____/____/____
(mm) (dd) (yyyy)

____/____/____
(mm) (dd) (yyyy)

(Last Name) (First Name) (Suffix) (Middle Name)

____/____/____
(mm) (dd) (yyyy)

____/____/____
(mm) (dd) (yyyy)

(Last Name) (First Name) (Suffix) (Middle Name)

____/____/____
(mm) (dd) (yyyy)

____/____/____
(mm) (dd) (yyyy)

PARENT/S FULLNAME

(Last Name) (First Name) (Suffix) (Middle Name)

____/____/____
(mm) (dd) (yyyy)

____/____/____
(mm) (dd) (yyyy)

(Last Name) (First Name) (Suffix) (Middle Name)

____/____/____
(mm) (dd) (yyyy)

____/____/____
(mm) (dd) (yyyy)

NAME OF THE EXISTING MEMBER OF MSU-IIT NMPC WITHIN YOUR IMMEDIATE FAMILY

(Last Name) (First Name) (Suffix) (Middle Name)

SUNSHINE CONTRACT NUMBER



The Board of Directors
 MSU-IIT National Multi-Purpose Cooperative
 Iligan City

Sir/Madam,

I fully understand the discussion during the Pre-membership Education Seminar (PMES) and will abide with the existing rules and regulations of the cooperative. With this, I would like to become a member of MSU-IIT NMPC.

I promise to pay the minimum monthly contribution of Share Capital, Savings Deposit, Sunshine Plan, COOP CARE and any other obligations to be a Member in Good Standing (MIGS).

I hereby certify that the above information is true and correct.

DATE OF APPLICATION ____/____/____
(mm) (dd) (yyyy)

 SIGNATURE OVER PRINTED NAME OF THE APPLICANT

PLACE OF P.M.E.S. _____
(Lot/Block/House/Bldg. No.) (Street) (Subdivision/Village) (Barangay) (City/Municipality) (Province)

DATE OF P.M.E.S. ____/____/____
(mm) (dd) (yyyy)

NAME OF REFERRING PERSON _____
(Last Name) (First Name) (Suffix) (Middle Name)



(THIS PORTION IS TO BE FILLED OUT BY THE MANAGEMENT)

BREAKDOWN OF MEMBER'S INITIAL PAYMENT

MEMBERSHIP FEE

SHARE CAPITAL

SAVINGS DEPOSIT

SUNSHINE ENROLLMENT FEE

SUNSHINE CONTRIBUTION

SUNSHINE INCLUSION OF PARENTS

COOP CARE MEMBERSHIP FEE

COOP CARE CONTRIBUTION

I-GROUP CONTRIBUTION

TOTAL INITIAL PAYMENT =

O.R Number:

DATE RECEIVED: ____/____/____
(mm) (dd) (yyyy)

RECEIVED BY: _____
 SIGNATURE OVER PRINTED NAME

CERTIFIED (PMES) BY: _____
 Signature over printed name of the PMES Presenter

NOTED BY: _____
 Signature over printed name of the Branch Manager

APPROVED BY: _____
ALBERT B. TEAÑO, JD
 Chief Executive Officer

CONFIRMED BY THE BOD: _____

BOD RESOLUTION NUMBER: _____



MSU-IIT NATIONAL MULTI-PURPOSE COOPERATIVE

Head Office: Quason Ave. Ctd., Palaso, Agoo City 5035, Philippines
Telephone No. (082) 223-5874 • Website: www.msuiitcoop.org

"Join us, Grow with us"



BRANCH/OFFICE: _____

ACCOUNT TYPE: INDIVIDUAL ACCOUNT

Instructions

- Fill up the account information and specimen card.
- Please fill up clearly in BLOCK or CAPITAL LETTERS and affix signature(s).
- Do not leave any field blank. Indicate N/A when not applicable.

ACCOUNT INFORMATION AND SPECIMEN SIGNATURE CARD

ACCOUNT NUMBER

DATE OPENED

____/____/____
(mm) (dd) (yyyy)

ACCOUNT NAME

(Last Name)

(First Name)

(Middle)

(Middle Name)

TELEPHONE NUMBER

MOBILE NUMBER

PLEASE SIGN ALIKE THREE (3) TIMES, PLEASE KEEP SIGNATURES WITHIN BOXES

PLEASE SIGN ALIKE THREE TIMES USING A BLACK INK. (SIGNATURE WITHIN BOXES)

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By affixing the above specimen signatures, I hereby authorize MSU-IIT NBPC to disburse funds as well as honor other related banking transactions on the basis hereof, in relation to the Accounts/Investments I maintain with the Coop as well as all other Accounts/Investments I establish in the future.

I hereby acknowledge receipt of and agree to be bound by the appropriate Terms and Conditions governing the operation of each of my aforementioned Accounts/Investments.

SIGNATURE(S) TAKEN & AUTHENTICATED BY: _____

ACCOUNT OPENING APPROVED BY: _____

(Signature)

(Signature)



**MSU-IIT NATIONAL
MULTI-PURPOSE COOPERATIVE**



_____ BRANCH

SUNSHINE PLAN APPLICATION FORM

Date Applied: _____

Name of Member: _____

TIN No.: _____

Date of Birth: _____

Age: _____ Sex: _____

Home Address: _____

Contact No.: _____

Occupation/Position: _____

Beneficiary/Relationship: _____

Authorized Signature

Signature of Member