



“A COOP YOU CAN TRUST!”

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MEMBERSHIP APPLICATION FORM

**BOARD OF DIRECTORS
TORIL COMMUNITY COOPERATIVE
Saavedra St., Toril, Davao City**

Ladies and Gentlemen:

I _____, a resident of _____, hereby agree to be a member of TORIL COMMUNITY COOPERATIVE in _____ Branch/Satellite . I have completed the training course prescribed for prospective member and I understand the purpose and objective of this cooperative.

1. To comply with the provisions of the ARTICLES OF COOPERATION, the BY-LAWS and policies set by BOARD OF DIRECTORS, the GENERAL ASSEMBLY as well as acts of duly constituted authorities and failure on my part to do so, the Cooperative at its option, may:

- a. Fine
- b. Suspend, or
- c. Expel me from membership. Where upon all my shareholding shall be answerable for my liabilities to the cooperative.

2. To attend all meetings, conferences and seminars required by the Board of Directors and failure on my part to do so, unless previously excused by the Board of Directors, to pay the fine of Php _____ and to make up the activity I have missed.

3. To participate in the planned thrift and savings program by subscribing for at least Twenty (20) shares valued at TWO THOUSAND PESOS (Php 2,000.00) and paying for them either in lump sum or in regular (daily, weekly, semi-monthly, monthly) installments.

a. Contributing into the Share Capital at least 10% of every loan (LOAN LEVEL PLAN) granted to me and at least 50% of the Annual Interest and Patronage refund due me, and failure in my part to comply with the financial obligation, unless excused by the Board of Directors, shall make me liable for a fine of 2% a month on the amount in default.

4. To deposit for the savings account in the minimum of Php 1,000.00.

5. To pay the membership fee of ONE HUNDRED PESOS (Php 100.00).

6. To comply with the directives of the duly constituted authorities as well as the decision of the Board of Directors regarding the operating policies of the TORIL COMMUNITY COOPERATIVE.

The provisions of this agreement, the Articles of Cooperation and the by-laws have been explained to me and I understand them and agree with all of them.

In all of the above-undertakings, I am aware that the Board of Directors and the TORIL COMMUNITY COOPERATIVE may impose sanctions against me or perform any acts necessary to make sanctions effect without going to court.

DATA PRIVACY CONSENT

1. In compliance with RA 9510 or also known as CREDIT INFORMATION SYSTEM ACT and its governing rules and regulation, I hereby agree and authorized TORIL COMMUNITY COOPERATIVE the regular and disclosure of my basic credit data including related updates/corrections, receive and consolidated basic credit data to the Credit Information Corporation (CIC) and other entities authorized under the law.

2. In compliance with the DATA PRIVACY ACT (DPA) of 2012, and its implementing Rules and Regulations, I agree and authorized TORIL COMMUNITY COOPERATIVE to:

- a. Use my Personal Information or data process any transaction related to the availment of TORIL COMMUNITY COOPERATIVE all products and services.
- b. Retain my information in TORIL COMMUNITY COOPERATIVE database and 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.
- c. 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.
- d. Personal data is retained by TORIL COMMUNITY COOPERATIVE for the establishment, exercise or defense of legal claim, for legitimate purpose and for its fulfilment thereof, and for other purposes allowed by law.
- e. Use all personal information/data, transaction, membership information and relevant documents for the protection and enforcement of rights and interest of TORIL COMMUNITY COOPERATIVE in the preparation of demands, conciliation and mediation and court proceedings or regulation.
- f. Inform me of future customer campaigns and base its offer using the personal information I shared with the company.

3. The provision 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_____.

IN WITNESS HEREOF, I have affixed my signature / right thumb mark this_____the day of _____, _____.

I hereby apply for membership in the TORIL COMMUNITY COOPERATIVE, with address at Saavedra St., Toril, Davao City. I agree to obey faithfully its rules and regulations as set in the ARTICLES OF COOPERATION and BY-LAWS the decisions of the General Membership Meetings and those of the Board of Directors.

I hereby pledge to:

- 1. Attend and finish the prescribed membership education seminar (PMES).
- 2. Pay the membership fee of One Hundred Pesos (Php100.00).
- 3. Participate in the following savings program:
 - a. Subscribe for at least Twenty (20) Shares and pay for them either lump-sum or installment under the terms and conditions prescribed in the membership agreement.
 - b. Contribute daily/weekly/semi-monthly at least 2% of my monthly salary/income into the Share Capital and
 - c. Contribute into the Share Capital at least 50% of the annual interest on capital and patronage refund due me.
- 4. Comply with the membership and subscription agreement.
- 5. Privileges and benefits will take effect upon approval of the Board’s Meeting.
(Sec. 2 Article II Constitution & By-Laws of TCC).

<div>Date Attended the Seminar</div> <div>Place</div>	<div>Signature or Right Tumb Mark of Applicant Over Printed Name</div>
<div>Customer Identification Number</div>	<div>Recruiter / Mobile Number</div>
<div>Share Account Number</div>	<div>MEMBERSHIP SCREENING COMMITTEE</div>
<div>Regular Savings Account Number</div>	
<div>ATM Savings Account Number</div>	

PERSONAL INFORMATION

NAME

LAST NAME

FIRST NAME

MIDDLE NAME

NAME
EXTENSTION

(EX. Jr./Sr.)

TITLE

(EX. Dr. /Atty)

NO MIDDLE NAME
(check if applicable only)

☐

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

☐

BIRTH PLACE (Municipality/City, Province)

COUNTRY OF BIRTH

BIRTHDATE (mm/dd/yy)

AGE

SEX

☐ MALE☐ FEMALE

CIVIL STATUS

☐ SINGLE☐ MARRIED☐ WIDOW/ER☐ SEPARATED☐ ANNULLE

RELIGIOUS / SOCIAL AFFILIATION

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

☐ Islam☐ Protestant☐ Seventh Day Adventist☐ Jehovah's Witness

☐ United Church of Christ in the Philippines☐ Alliance of Bible Christian Communities of the Philippines☐ Kingdom of Jesus Christ☐ OTHERS PLEASE SPECIFY

NATIONALITY

CONTACT DETAILS

NO. OF DEPENDENTS

MOBILE NO.

HOME PHONE NO.

E-MAIL ADDRESS.

OFFICE PHONE NO.

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

☐

GRADUAT

☐

HIGHSCHOOL

☐

☐

MASTER DEGREE

☐

☐

VOCATIONAL

☐

☐

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/YY) _____

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

Zip Code

Occupied Since (MM/DD/YY) _____

COUNTRY + AREA CODE + TELEPHONE NUMBER (Indicate Country Code if Abroad)

HOME

CELPHONE

BUSINESS (DIRECT LINE)

BUSINESS TRUNK LINE

LOCAL

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 - EMPYOED☐ RETIRED☐ HOMEMAKER☐ OTHERS

☐ TEMPORARY JOB - PRIVATE☐ TEMPORARY JOB - GOV'T.☐ NOT EMPYOED☐ STUDENT☐ OFW

SOURCE OF INCOME / FUNDS

GROSS MONTHLY INCOME BRACKET (Monthly Income)

☐ SALARY☐ BUSINESS / SELF - EMPLOYMENT☐ INVESTMENT

☐ PHP 9,999.99 - Below☐ PHP 10,000.00 - PHP 19,999.99

☐ PENSION☐ OFW REMITTANCE☐ OTHERS (Please Specify)

☐ PHP 20,000.00 - PHP 49,999.99☐ PHP 50,000.00 - PHP 99,999.99

☐ PHP 100,000.00 - Above

IF EMPLOYED

NAME OF EMPLOYEEER	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 (Please Specify Country of Assignment)	
	<input type="checkbox"/> Sea-Based (Please 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 (LAST,FIRST,MIDDLE)	DATE OF BIRTH (MM/DD/YYYY)	CONTACT NUMBER	SEX	TCC MEMBER	BNF
SPOUSE				M F <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>
CHILD 1				M F <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>
CHILD 2				M F <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>
CHILD 3				M F <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>
FATHER					Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>
MOTHER'S MAIDEN NAME					Y N <input type="checkbox"/> <input type="checkbox"/>	Y N <input type="checkbox"/> <input type="checkbox"/>

VEHICLE INFORMATION

DO YOU HAVE A VEHICLE ?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
TYPE OF VEHICLE	QUANTITY	PLATE NUMBERS	
<input type="checkbox"/> Motorcycle			
<input type="checkbox"/> Tricycle			
<input type="checkbox"/> Car			
<input type="checkbox"/> Truck			
<input type="checkbox"/> Passenger Vehicle			
<input type="checkbox"/> Others			

SKETCH MAP OF PERMANENT HOME ADDRESS

HEALTH DECLERATION

A. Do you declare that you have suffered from any Heart Disease, Cancer, Stroke, Hypertension, Diabetes, Hepatitis B/C or any Medical Condition requiring medical treatment for 3 weeks?

☐ YES ☐ NO

If YES, Please Specify : _____

B. Have you been hospitalized in the past 3 months?

☐ YES ☐ NO

If YES, Please Specify : _____

CERTIFICATION

I Hereby certify that the above information is true and correct to the best of my knowledge, signed this _____ day of _____, _____.

Signature over Printed Name

OTHERS

WHERE DID YOU KNOW ABOUT TORIL COMMUNITY COOPERATIVE

- ☐ TCC WEBSITE
- ☐ INTERNET
- ☐ TCC MEMBER
- ☐ TCC FACEBOOK PAGE
- ☐ FRIEND
- ☐ TCC PERSONNEL
- ☐ OTHER, PLEASE SPECIFY
- ☐ FLYERS / BROCHURES
- ☐ RELATIVES
- ☐ TCC OFFICERS
- _____