



BEST GEM MULTIPURPOSE COOPERATIVE
CDA REG NO. 9520-16015774 * TIN NO. 218-241-584-000 (NON-VAT)
 Unit 406 Ansa II Building, 1078 Chino Roces Avenue cor. Montojo St., Brgy. Tejeros, Makati City
 Tel. No.: (63 2) 822-5354; Fax No.: (63 2) 887-8195; Email: bestgemcoop@yahoo.com

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APPLICATION FOR REGULAR MEMBERSHIP

(CONFIDENTIAL)

I, the undersigned, would like to apply for Regular Membership with Best Gem Multipurpose Cooperative and agree to faithfully obey its rules and regulations as set down in its By-Laws and amendments thereof, or policies and the decisions of the General Membership as well as those of the Board of Directors.

PERSONAL DATA

<input type="checkbox"/> SLOCPI		<input type="checkbox"/> SLAMCI		<input type="checkbox"/> ROHQ		<input type="checkbox"/> ASCP		REFERRED BY: _____		EMP. ID NO.:	
NAME: _____ <small>(Last name) (First name) (Middle name) (Nickname)</small>											
MOTHERS MAIDEN NAME: _____ <small>(Last name) (First name) (Middle name)</small>											
BIRTHDATE: _____		AGE: _____	BIRTHPLACE: _____		GENDER: _____	CIVIL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Annulled			NATIONALITY: _____		
ADDRESS: _____ <small>(No. & Street) (Subdivision) (Barangay)</small> <small>(Town) (City/Province) (Zip Code)</small>											
RESIDENCE TEL. NO.:			MOBILE NO.:			EMAIL ADDRESS:					
HIGHEST EDUCATIONAL ATTAINMENT: <input type="checkbox"/> Under Graduate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Post Graduate											
EMPLOYER NAME: _____				OFFICE ADDRESS: _____							
EMPLOYER TIN NO.: _____				TELEPHONE NO.: _____							
EMPLOYEE TIN: _____			PAG-IBIG: _____			SSS: _____			PHILHEALTH: _____		
OCCUPATION: _____				OCCUPATION STATUS: _____				DATE OF EMPLOYMENT: _____			
BANK NAME and ACCOUNT NUMBER: _____						RELIGION/SOCIAL AFFILIATION: _____					
SPOUSE NAME: _____ <small>(Last name) (First name) (Middle name)</small>									SPOUSE BIRTHDATE: _____		

AUTHORITY TO DEDUCT

The undersigned hereby authorize Sun Life Financial or any of its subsidiaries or affiliates to deduct from my salary or account, every payroll period the amount of Pesos _____ (P _____), representing my share capital subscription and savings, which will be credited to my account with BEST GEM MPC.

This authority to deduct will continue for a minimum of one year unless advised otherwise. It is understood that my share capital subscription account cannot be withdrawn during my membership unless approved by the Board of Directors.

The assigned officer of BEST GEM MPC is also hereby authorized to request the paymaster of Sun Life Financial or any of its subsidiaries or affiliates, to collect a membership fee of ONE HUNDRED PESOS (P100.00) to be deducted from my salary immediately after my application has been approved.

In the event of my resignation or separation from my current place of employment and/or membership, I hereby authorize my employer or organization to deliver to BEST GEM MPC, whatever amount is due from me up to the extent of my liabilities to BEST GEM MPC.

DISCLOSURES

I hereby acknowledge and authorize Best Gem Multipurpose Cooperative:

- To submit and disclose regularly 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 update and corrections thereof; and
- To share my basic credit data with other credit reporting agencies authorized and accredited by the Credit Information Corporation (CIC).
- To process all information related to me and my membership personally or through its affiliates and service providers, locally or internationally, for any legitimate business, cross-selling, promotional, legal and regulatory purposes, in accordance with Republic Act No. 10173 and its Implementing Rules and Regulations. Subject to other pertinent regulations, this authorization shall remain valid and subsisting until such time that I either inform Best Gem MPC in writing of such revocation/cancellation or upon the end of my membership thereto, whichever is earlier.

BENEFICIARIES

BEST GEM MPC to the extent of my outstanding loan balance, if any, and the balance of my other accounts to my designated beneficiary/ies, as follows:

NAME OF DESIGNATED BENEFICIARY/IES (Choose if Revocable or Irrevocable)	PERCENTAGE	DATE OF BIRTH	RELATIONSHIP TO MEMBER
<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable			
<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable			
<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable			
<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable			

Note – If you do not designate beneficiaries, the benefits will be paid to your estate. A guardian, who is at least age 21, must be named for a beneficiary under age 18.

Signature of Applicant

Date of Application

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TO BE FILLED UP BY BEST GEM MPC

MEMBER NO:	MEMBERSHIP APPROVED DATE:	BOD RESOLUTION NO:
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BOARD OF DIRECTORS' APPROVAL

_____	_____	_____
_____	_____	_____