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APPLICATION FOR ASSOCIATE MEMBERSHIP

(CONFIDENTIAL)

I, the undersigned, would like to apply for Associate 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					
NAME: _____ (Last name) (First name) (Middle name) (Nickname)					
MOTHERS MAIDEN NAME: _____ (Last name) (First name) (Middle name)					
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: _____ (No. & Street) (Subdivision) (Barangay) _____ (Town) (City/Province) (Zip Code)					
RESIDENCE TEL. NO.:		MOBILE NO.:		EMAIL ADDRESS:	
<input type="checkbox"/> ASSOCIATE-SPOUSE		<input type="checkbox"/> ASSOCIATE DEPENDENT/FAMILY		RELIGION/SOCIAL AFFILIATION:	
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: _____	
OCCUPATION: _____		OCCUPATION STATUS: _____		DATE OF EMPLOYMENT: _____	
BANK NAME and ACCOUNT NUMBER: _____					
SPOUSE NAME: _____ (Last name) (First name) (Middle name)				SPOUSE BIRTHDATE: _____	

AUTHORITY TO DEDUCT		
<p>The undersigned hereby agree to bind myself jointly and severally with the above Associate Member to pay BEST GEM MULTIPURPOSE COOPERATIVE any unpaid capital shares, loans, or obligations, or monetary or otherwise, in the event of the Associate Member's default or failure to pay such obligations. Further, I hereby authorize Sun Life Financial or any of its subsidiaries or affiliates to deduct from my salary or account, certain amount(s) under the following terms and conditions:</p>		
<p align="center">MODE OF PAYMENT</p> <input type="checkbox"/> MONTHLY SALARY DEDUCTION <input type="checkbox"/> LUMP SUM <input type="checkbox"/> OTHERS, PLEASE SPECIFY _____	<p align="center">AMOUNT</p> _____ _____ _____	<p align="center">EFFECTIVE DATE</p> _____ _____ _____
<p>This authority to deduct will continue for a minimum of one year or 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.</p> <p>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 or my Associate(s) up to the extent of my Associate(s) liabilities to BEST GEM MPC.</p>		
_____ SIGNATURE OF REGULAR MEMBER OVER PRINTED NAME		

DISCLOSURES
<p>I hereby acknowledge and authorize Best Gem Multipurpose Cooperative:</p> <ol style="list-style-type: none"> 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	_____	_____	_____
<p>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.</p>			
_____ Signature of Applicant		_____ Date of Application	
		Right Thumb Mark 	

TO BE FILLED UP BY BEST GEM MPC

I consent to processing of my personal information by Best Gem Multipurpose Cooperative, its employees and duly authorized representatives for the purpose of providing and servicing my application for Associate Membership.

YES NO

I understand that my failure to give my consent to the processing thereof will be considered as my refusal to submit my Associate Membership application.

TO BE FILLED UP BY BEST GEM MPC

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

_____	_____	_____
_____	_____	_____