



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	NATIONALITY:
				<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Annulled	
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

Right Thumb Mark

INFORMATION SHARING CONSENT

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 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 membership application.

TO BE FILLED UP BY BEST GEM MPC		
MEMBER NO:	MEMBERSHIP APPROVED DATE:	BOD RESOLUTION NO:

BOARD OF DIRECTORS' APPROVAL

