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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:** Single Married Widowed Separated Annulled **NATIONALITY:** _____

ADDRESS: _____
 (No. & Street) (Subdivision) (Barangay)

 (Town) (City/Province) (Zip Code)

RESIDENCE TEL. NO.: _____ **MOBILE NO.:** _____ **EMAIL ADDRESS:** _____

ASSOCIATE-SPOUSE ASSOCIATE DEPENDENT/FAMILY **RELIGION/SOCIAL AFFILIATION:** _____

HIGHEST EDUCATIONAL ATTAINMENT: Under Graduate Associate's Degree Bachelor's Degree 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: _____

SPOUSE NAME: _____ **SPOUSE BIRTHDATE:** _____
 (Last name) (First name) (Middle name)

AUTHORITY TO DEDUCT

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:

MODE OF PAYMENT	AMOUNT	EFFECTIVE DATE
<input type="checkbox"/> MONTHLY SALARY DEDUCTION	_____	_____
<input type="checkbox"/> LUMP SUM	_____	_____
<input type="checkbox"/> OTHERS, PLEASE SPECIFY	_____	_____

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 It is understood that my share capital subscription account cannot be withdrawn during my membership unless approved by the Board of Directors.

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.

SIGNATURE OF REGULAR MEMBER OVER PRINTED NAME

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

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

