

DMPI EMPLOYEES AND COMMUNITY CREDIT COOPERATIVE

Bugo, Cagayan de Oro City

APPLICATION FOR MEMBERSHIP

I hereby apply for membership with DMPI Employees And Community Credit Cooperative (DMPI-ECCC) and agree to faithfully obey the rules and regulations as set down in its by-laws and amendments thereof and elsewhere and the decisions of the general memership as well as those of the Board of Directors.

I hereby pledge that my Fixed Deposit during my membership will be:

- A: Mimimum Thirty Five Thousand Pesos (₱35,000.00)
- B: Maximum Five Hundred Thousand Pesos (₱500,000.00)
- C: _____ Indicate amount

The Treasurer of DMPI ECCC is hereby authorized to deduct from my salary thru payroll deductions. (minimum of 300.00 and a maximum of 5,000.00 only for Fixed/Share Capital deposit per month, Savings Deposit is open to any amount).

A) Quincenal deduction (for quincenal employees)

_____ Fixed Deposit
_____ Savings Deposit

B) Monthly deduction (for monthly paid employees)

_____ Fixed Deposit
_____ Savings Deposit

I understand and agree that upon my membership no withdrawal shall be made from my share/fixed deposit regardless of any amount.

I also agree that an amount of not less than FIVE HUNDRED pesos (P500.00) at any given time, shall be established as a minimum balance in my savings deposit account during my membership.

The Treasurer of DMPI ECCC is hereby authorized to effect deduction from my salary (thru payroll deduction) the sum indicated above together with required membership fee of ONE HUNDRED PESOS (Ps100.00) and initial contribution of TWO HUNDRED SIXTY FIVE PESOS (Ps 265.00) for Death Benefit Insurance Premium (DBIP) and EIGHT PESOS (Ps 8.00) for Calamity Assistance (CA) upon approval of this application.

PERSONAL DATA

NAME OF APPLICANT _____	CHAPA NO. _____	TIN #: _____
PLACE OF BIRTH _____	DATE OF BIRTH _____	
SPOUSE NAME _____	CIVIL STATUS _____	
DATE SEMINAR COMPLETED _____	NO. OF DEPENDENTS _____	
DATE EMPLOYED WITH DMPI _____	DEPARTMENT _____	
ADDRESS OF APPLICANT _____		
SIGNATURE OF APPLICANT _____	DATE FILED _____	

This application is (approved / disapproved) by the Board of Director on _____, 20____.

CHAIRPERSON
BOD

MEMBER
BOD

MEMBER
BOD