



INCOME CREDIT COOPERATIVE

MEMBER'S DATA SHEET

Instructions:

- a. Fill up the form. All fields must be filled out completely as required by RA 9520.
b. Please fill up clearly in BLOCK or CAPITAL LETTERS and affix signature(s).
c. TIN is required
d. Do not leave any field blank. Indicate N/A when appropriate.

ID Picture
2x2

NEW MEMBER FOR UPDATING MEMBERSHIP: REGULAR ASSOCIATE

PERSONAL DATA

TITLE (please tick) MR. MRS. MS. MISS DR. PROF. HON. MAJOR REV. ATTY. OTHERS BIRTH DATE (MM/DD/YYYY)

NAME (LAST NAME) (FIRST NAME) NAME EXTENSION (eg. JR, SR, III) (MIDDLE NAME)

GENDER CIVIL STATUS AGE BIRTH PLACE NATIONALITY
MALE FEMALE SINGLE MARRIED LEGALLY SEPARATED WIDOW/ER ANULLED

RELIGIOUS/SOCIAL AFFILIATION
R. CATHOLIC ISLAM BAPTIST IGLESIA NI CRISTO MORMONS PROTESTANT OTHERS

PRIMARY ID TIN (IF ANY) SSS no. GSIS UMID PHILHEALTH SENIOR CITIZEN

IN THE ABSENCE OF PRIMARY ID, PLEASE FILL OUT THIS SECTION

SECONDARY ID PRESENTED (check at least two (2) ID's) ID NUMBER (1) ID NUMBER (2)
DRIVER'S LICENSE NBI CLEARANCE SEAMAN'S BOOK PNP PWD
PASSPORT POLICE CLEARANCE OWWA ID AFP COMPANY ID
PRC ID BRGY. CERTIFICATE OFW ID HDMF STUDENT ID
ID (1) ISSUE DATE ID (1) EXPIRY DATE ID (2) ISSUE DATE ID (2) EXPIRY DATE

EDUCATIONAL ATTAINMENT
Elementary High School College Others

FATHER (LAST NAME) (FIRST NAME) NAME EXTENSION (eg. JR, SR, III) (MIDDLE NAME)

MOTHER (LAST NAME) (FIRST NAME) NAME EXTENSION (eg. JR, SR, III) (MIDDLE NAME)

ADDRESS AND CONTACT DATA

PERMANENT RESIDENCE ADDRESS RESIDENCE IS RESIDENCE SINCE
Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No., Street Name Subdivision
OWNED RENTED
Barangay Municipality/City Province Zip Code OWNED BY RELATIVES

CURRENT RESIDENCE ADDRESS					RESIDENCE IS	RESIDENCE SINCE (MM/DD/YYYY)
Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No., Street Name Subdivision					<input type="checkbox"/> OWNED <input type="checkbox"/> RENTED <input type="checkbox"/> OWNED BY RELATIVES	
Barangay		Municipality/City		Province		
TELEPHONE NUMBER	MOBILE PHONE NO.	OFFICE PHONE/ FACSIMILE NUMEBER	FACEBOOK E-MAIL/ ACCOUNT	E-MAIL ADDRESS		

EMPLOYMENT/ OCCUPATION/ BUSINESS DATA

OCCUPATION STATUS (choose one)						
<input type="checkbox"/> PRIVATE EMPLOYEE	<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> PENSIONER	<input type="checkbox"/> LABORATORY COOP			
<input type="checkbox"/> GOVERNMENT EMPLOYEE	<input type="checkbox"/> NOT EMPLOYED	<input type="checkbox"/> OVERSEAS FILIPINOWORKER (OFW)				
NAME OF EMPLOYER/ COMPANY/ BUSINESS				INDUSTRY CODE (refer to PSIC Code)	OCCUPATIONAL CODE (refer to PSOC Code)	
EMPLOYER'S/BUSINESS ADDRESS						EMPLOYMENT
Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No., Street Name Subdivision						DATE HIRED
Barangay		Municipality/City		Province		POSITION
SOURCE OF INCOME/FUNDS			GROSS MONTHLY INCOME BRACKET (monthly income)			
<input type="checkbox"/> SALARY	<input type="checkbox"/> BUSINES	<input type="checkbox"/> INVESTMENT	<input type="checkbox"/> < P 10,000	<input type="checkbox"/> P 20,000 – P 49,999	<input type="checkbox"/> > P 100,000 +	
<input type="checkbox"/> PENSION	<input type="checkbox"/> REGULAR REMITTANCE	<input type="checkbox"/> OTHERS _____	<input type="checkbox"/> P 10,000 – P 19,000	<input type="checkbox"/> P 50,000 – P 99,9999		

SPOUSE DATA

NAME OF SPOUSE (LAST NAME) (FIRST NAME) (MIDDLE NAME)			BIRTH DATE (MM/DD/YYYY)		
CURRENT RESIDENCE ADDRESS			BIRTH PLACE		
Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No., Street Name Subdivision					
Barangay Municipality/City Province Zip Code			NATIONALITY		
OCCUPATION STATUS (choose one)					
<input type="checkbox"/> PRIVATE EMPLOYEE	<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> PENSIONER	<input type="checkbox"/> LABORATORY COOP		
<input type="checkbox"/> GOVERNMENT EMPLOYEE	<input type="checkbox"/> NOT EMPLOYED	<input type="checkbox"/> OVERSEAS FILIPINOWORKER (OFW)			
NAME OF EMPLOYER/ COMPANY/ BUSINESS			OCCUPATIONAL CODE (refer to PSIC Code)	OCCUPATIONAL CODE (refer to PSOC Code)	
SOURCE OF INCOME/FUNDS			GROSS MONTHLY INCOME BRACKET (monthly income)		
<input type="checkbox"/> SALARY	<input type="checkbox"/> BUSINES	<input type="checkbox"/> INVESTMENT	<input type="checkbox"/> < P 10,000	<input type="checkbox"/> P 20,000 – P 49,999	<input type="checkbox"/> > P 100,000 +
<input type="checkbox"/> PENSION	<input type="checkbox"/> REGULAR REMITTANCE	<input type="checkbox"/> OTHERS _____	<input type="checkbox"/> P 10,000 – P 19,000	<input type="checkbox"/> P 50,000 – P 99,9999	
NO. OF YEARS _____ EMPLOYED		_____ IN BUSINESS		CONTACT NUMBER	AGE

TAX IDENTIFICATION NUMBER	SSS no.	GSIS no.	UMID	PHILHEALTH

BENEFICIARIES

NAME OF SPOUSE	(LAST NAME)	(FIRST NAME)	NAME EXTENSION (eg. JR, SR, III)	(MIDDLE NAME)	BIRTH DATE (MM/DD/YYYY)	
CHILDREN	(LAST NAME)	(FIRST NAME)	NAME EXTENSION (eg. JR, SR, III)	(MIDDLE NAME)	BIRTH DATE (MM/DD/YYYY)	
1.						
2.						
3.						
4.						
5.						
OTHER BENEFICIARY/IES (If without spouse and children and parents are both deceased)	(LAST NAME)	(FIRST NAME)	NAME EXTENSION (eg. JR, SR, III)	(MIDDLE NAME)	RELATIONSHIP	BIRTH DATE (MM/DD/YYYY)
1.						
2.						
3.						
4.						
5.						

SKETCH / LOCATION OF RESIDENCE

REQUIREMENTS

- Photocopy of marriage contract or birth certificate
- 2X2 ID
- Payslip (latest 3 months)
- Certificate of Employment
- 2 Valid ID

If you have Business: Photocopy or Scanned copy:

- Business Permit
- Certificate of Registration (2303)

Pay the required membership amount

- P 2,750.00 Regular membership
- P 1,250.00 Associate members.

RECRUITED BY: _____

SHARE CAPITAL SUBSCRIPTIONS AGREEMENT

I hereby apply for membership in **INCOME CREDIT COOPERATIVE**, and agree to faithfully obey its rules and regulations as set down in its by-laws amendments thereof, or elsewhere, and the decisions of the general membership assembly as well as those of the board of directors.

I have paid the required membership fee of P 100.00.

I also hereby pledge to subscribe initially for _____ share/shares (common stock) with a par value of P _____ of the Capital Stock of the said Cooperative, and to pay the amount of P _____ equivalent to _____ share/shares as my initial paid-up capital. The balance of my subscription, I promise to pay it in weekly/ semi-monthly/ monthly/ quarterly/ semi-annually installments of P _____.

I also hereby pledge to put up a savings account of P _____ as my initial and maintaining deposit balance.

AFFIX FINGERPRINT



Printed Name and Signature

BOOKING CONFIRMATION (FOR COOP USE ONLY)

The membership application of Mr./Ms./Mrs. _____ who attended the Pre-membership Education Seminar dated _____ is hereby () Approved; () Disapproved () Pending.

SIGNATURE VERIFIED BY: _____	DATE ENCODED (MM/DD/YYYY)	CHECKED BY:	AREA CODE:
SIGNATURE OVER PRINTED NAME	ENCODED BY:	APPROVED BY:	COLLECTOR:

FOR MORE INFORMATION, PLEASE CONTACT



INCOME CREDIT COOPERATIVE

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CDA REG. NO. CR – 9520-11004731



Address : 84 Bonifacio Street, Brgy 33-D Poblacion, Davao City
Contact no. : (082) 222-0324 ; 09439089011; 09656973288