



BUKIDNON COMMUNITY COOPERATIVE

Camp Phillips, Manolo Fortich, Bukidnon
 Mobile No. 09058809579/09494619763
bcc.coop2017@gmail.com

1X1 ID PICTURE

APPLICATION FOR MEMBERSHIP

DATE _____

NAME _____ GENDER _____ STATUS _____

CHAPA # _____ AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

NAME OF EMPLOYER _____ EMPLOYMENT DATE _____ POSITION _____ DEPARTMENT _____

NAME OF SPOUSE _____ SSS/GSIS# _____ TIN# _____ RELIGION _____

HOME ADDRESS _____ CONTACT # _____

OFFICE ADDRESS _____ CONTACT # _____

FOR NON DMPI EMPLOYEES: BUSINESS ADDRESS _____ BUSINESS TIN# _____

BENEFICIARY & DEPENDENTS

NAME	AGE	BIRTHDATE	RELATIONSHIP

I, _____, do hereby apply to become a member of Bukidnon Community Cooperative (BCC). I do agree and faithfully comply the Articles of Cooperation, By-Laws, Policies and the Rules & Regulations set upon by the Board of Directors and the General Assembly.

I agree to subscribe for at least the minimum Share Capital for Consumers & Credit Division; pay the Membership Fee and make continuous Capital Build-up thereon. I understand that applying for a Loan is a privilege and not a matter of right.

In case of my membership withdrawal, I agree that any refund on my shares will be made available within 15 days after approval by the Board of Directors to allocate time for clearing of accounts.

IN WITNESS WHEREOF, I have hereunto afford my signature this ____ day of _____, 20__ in Camp Phillips, Manolo Fortich, Bukidnon, Philippines.

TO BE FILLED UP BY BCC

Signature over printed name of applicant

Right thumb mark

Date Attended PMES _____ Place of Seminar _____

Processing Clerk _____ Admin/Finance Manager _____

BOARD OF DIRECTORS Action Taken:

APPROVED DISAPPROVED by the CHAIRMAN of the BOARD on _____ 20__

Posted by: _____ CREDIT _____ CONSUMERS _____

Requirements:

For DMPI Employees

- 1 Birth Certificate of Applicant & Beneficiary
- 2 Medical Certificate of Beneficiary
- 3 Marriage Contract
- 4 Photocopy of ID
- 5 TIN

For Non-DMPI Employees

- 1 Birth Certificate of Applicant & Beneficiary
- 2 Medical Certificate of Applicant & Beneficiary
- 3 Marriage Contract
- 4 Barangay Certificate
- 5 Business Permit /Certificate of Employment
- 6 TIN

For DMPI Employees only:

I hereby authorized BCC to deduct from my salary intended for the following:

CREDIT: Share _____
 Savings _____

CONSUMERS: SHARE _____

NAME /SIGNATURE OF MEMBER

BUKIDNON COMMUNITY COOPERATIVE PRIVACY NOTICE AND AGREEMENT

Thank you for choosing to be part of Bukidnon Community Cooperative. We will collect personal data directly from you for service purposes and to strengthen our internal processes in responding to your inquiries. We collect the following:

Personal Information:

- Full Name
- Home Address
- E-mail Address
- Employment Information
- Contact Numbers

Sensitive Information:

- Marital Status
- Education
- Religion
- Age
- Government personal numbers such as SSS, GSIS, Philhealth, Pag-ibig and TIN.

The collected personal and sensitive information is utilized solely for documentation and processing. We limit the collection and use of data to the specific information we need for legitimate purposes to administer our cooperative, to provide you with quality services and offer various products. We respect the privacy of all our members and treat all our personal information with sensitivity and confidentiality. BCC is committed to protect your personal data in compliance with Data Privacy Act of 2012.

AGREE

DISAGREE

SIGNATURE OVER PRINTED NAME