

UPLB CREDIT AND DEVELOPMENT COOPERATIVE
Sacay Grand Villas, Kanluran Road, College, Laguna
Tel. No. (Main: 501-2059/ 536-3638/536-2830/536-2263) (Branch: 536-7668/536-2949)

(NAME)

REQUIREMENTS

1 Pre- Membership Education Seminar (PMES):

Date: _____

2 Medical Examinations

Accredited Hospitals: University Health Service (536-3247/2470)
Los Baños Doctors Hospital (536-0100/1825)
Bio-Scan Clinic Laboratory (536-4875)

- Medical Certificate
- Lab Test Results
- Medical Evaluation Form

3. Documents Required

- 3 pcs. (1x1) Recent ID Picture
- Barangay / Police/ NBI Clearance
- Birth Certificate (Applicant)
- Certificate of Attendance (Pre- Membership Education Seminar)
- Evaluation Form
- Application Form
- Sketch of Residence
- LEGAL BENEFICIARY (IES)**
 - Spouse- Marriage Contract
 - Child- Birth Certificate of Child
 - Parents- Birth Certificate of Applicant
 - Brother/Sister – Birth Certificate of Brother/ Sister

4. EMPLOYMENT REQUIREMENTS

SELF-EMPLOYED

BUSINESS

- Photocopy of DTI and Barangay/Mayor's Permit
- Sketch of Business Location
- Affidavit of Income

TRANSPORT OPERATORS

- Photocopy of OR/CR and franchise permit name of applicant
- Affidavit of Income

NOTE: All original copies must be presented for authentication

EMPLOYED

Local (within the country)

- Photocopy of latest appointment/certificate of employment
- Photocopy of Renewal of Appointment (for non-permanent/non-regular employee)
- Latest pay slip, payroll, voucher or pay envelope

Overseas Filipino Worker (OFW)

- Photocopy of Passport and Visa
- Photocopy of latest appointment/contract
- General or Special Power of Attorney

1. Are you presently a member of a cooperative? Yes No

If yes, state the name of cooperative _____

2. Please check if you are a New Applicant Returning Member

If returning member, please state reason of separation from the cooperative

3. Within the last five years, have you been confirmed in a hospital and/or received medical or surgical advice or attention? Yes No

If yes, give details and dates _____

4. Have you ever had or consulted a physician for a heart condition, diabetes, lung, high blood pressure, cancer, kidney or stomach disorder or any physical impairment? Yes No

If yes, give details and dates _____

5. To the best of your knowledge, are you now in good health? Yes No

I hereby declare and agree that all the foregoing answers and statements are complete, true and correct to the best of my knowledge and belief. I hereby agree that if there be any fraud or misinterpretation in the above statement, cooperative shall have the right to declare my membership null and void.

Signature

I hereby apply for membership in the **UPLB CREDIT AND DEVELOPMENT COOPERATIVE**. I agree to obey faithfully its rules and regulations as stipulated in its Articles of Cooperation and By-Laws, the decisions of the general membership and those of the Board of Directors.

Thereby pledge to:

1. Attend and complete the prescribed Pre-Membership Education Seminar (PMES).
2. Pay the membership fee of 100.00.
3. Participate in the following capital build-up program.
 - a. Subscribe for at least _____ minimum share capital and pay them either in lumpsum or installment, under the terms and conditions prescribed in the Membership Agreement.
 - b. Contribute at least 1% of every loan granted me.

Signature or Right Thumb mark of Applicant _____ Endorsed by: _____ Printed Name & Signature _____

Contact Number/s: _____

PERSONAL DATA (PLEASE PRINT)

NAME: _____ CIVIL STATUS: _____ SEX: _____

BIRTHPLACE: _____ BIRTHDATE: _____ EDUCATIONAL ATTAINMENT: _____

PRESENT ADDRESS: _____

(House No./ Blk & Lot/Phase/Street/Subdivision)

Tel no. _____

(Barangay) _____ (City/ Municipality) _____ (Province) _____ (Zipcode) _____

PERMANENT ADDRESS: _____

(House No./ Blk & Lot/Phase/Street/Subdivision)

Tel no. _____

(Barangay) _____ (City/ Municipality) _____ (Province) _____ (Zipcode) _____

OFFICE/ BUSINESS NAME: _____ Tel no. _____

OFFICE/BUSINESS ADDRESS: _____

OCCUPATION/POSITION: _____

MONTHLY INCOME: Php _____ MONTHLY ALLOWANCE Php _____

STATUS OF APPOINTMENT:

- PERMANENT PROBATIONARY/ TEMPORARY CONTRACTUAL/CASUAL EMERGENCY

OTHER SOURCES OF INCOME: _____

LEGAL BENEFICIARY (IES): _____ RELATIONSHIP _____

_____ RELATIONSHIP _____

_____ RELATIONSHIP _____

_____ RELATIONSHIP _____

_____ RELATIONSHIP _____

Specimen Signature of Spouse: _____

Recommended By: _____

Chairman, Education & Training Committee

This application for membership was approved/disapproved by the Board of Directors in its _____ meeting held on _____, 20 ____

PASSBOOK NO. _____

DATE: _____

Secretary