

**PNP LAKAS TULUNGAN MULTI-PURPOSE COOPERATIVE**

G/F PNP Multi-Purpose Center, Camp Crame, Quezon City

**MEMBER'S DATA SHEET**

2 x 2

PASSBOOK NO: \_\_\_\_\_

NAME: \_\_\_\_\_

PERMANENT HOME ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

CP#

OFFICE ASSIGNMENT: \_\_\_\_\_

NEXT OF KIN (HUSBAND OR WIFE): \_\_\_\_\_

Please sign inside the box below.

Approved by:

**PLTCOL MA TERESA P VILLA (Ret)**

General Manager

# PNP LAKAS TULUNGAN MULTI-PURPOSE COOPERATIVE

G/F PNP Multi-Purpose Center, Camp Crame, Quezon City

## MEMBERSHIP APPLICATION / UPDATE FORM

**INSTRUCTION:**

1. Fill-out this form correctly, completely and legibly
2. Print all entries and check appropriate boxes

**Transaction Type**

Membership Application  Membership Data Update

**Passbook No**

**Account No**

**PERSONAL DETAILS**

Last Name	First Name	Extension Name	Middle Name	Age	Membership Type <input type="checkbox"/> Regular <input type="checkbox"/> Associate
Date of Birth (MM/DD/YYYY) / /	Place of Birth	Sex	Nationality	TIN	
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Separated		Date of Marriage (MM/DD/YYYY) / /		Spouse Name (Last Name, First Name, MI)	
Permanent Home Address (Number, Street, Barangay/Town Province City/Zip Code)					Cellphone No.
Provincial Address (Number, Street, Barangay/Town Province City/Zip Code)					Telephone No.
Educational Attainment			Religion/Social Affiliation		Office Telephone No
Company/Employer's Name	Occupation/Position		Annual Income	E-mail Address	
Contact Person (in case of emergency)				Telephone No	

**LEGAL BENEFICIARIES**

Name	Date of Birth (MM/DD/YYYY)	Relationship to Member	Home Address
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

**OTHER INFORMATION**

List of Companies/Cooperative where you are affiliated with

In connection with the membership, I hereby agree:

1. To comply with the provisions of the Articles of Cooperation and By-Laws, policies, rules and regulations set by the Board, the General Assembly as well as acts of duly constituted authorities. failure on my part to do so, the Cooperative at its option may:
  - a. Fine
  - b. Suspend, or
  - c. Expel me from membership, where upon all my shareholdings shall be answerable for my liabilities to the Cooperative.
2. To attend all meetings, conferences and seminars as required by the Board of Directors.
3. To participate in the planning thrift and savings program by:
  - a. Subscription of at least 10 shares valued at PhP 1,000.00 per share in lump sum or in regular installment.
  - b. Continuing at least 5% of every loan granted in support of the cooperative's capital build-up program.
4. To pay the membership fee and P1,000.00 equivalent of One (1) share capital.

The provisions of this agreement, the Articles of Cooperation and By-Laws have been explained to me and understood and agreed to abide with it.

In all of the above undertaking, I am aware that the Board of Directors and the Cooperative may impose sanctions against me or perform any acts necessary to enforce sanction(s) without going to court.

IN WITNESS HEREOF, I have hereto affixed my signature this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature over printed name of Witness:

\_\_\_\_\_

\_\_\_\_\_  
Signature Over Printed Name of Member

This application of Membership was APPROVED/DISAPPROVED by the Board of Directors in its meeting held on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Secretary

**MEMBERSHIP AND SUBSCRIPTION AGREEMENT**

\_\_\_\_\_ Date

**The Board of Directors**

Ladies/Gentlemen:

I, \_\_\_\_\_, a resident of \_\_\_\_\_, hereby agree to be a member of the **Philippine National Police Lakas Tulungan Multi-Purpose Cooperative**. I have completed the required Pre-Membership Education Seminar (PMES) prescribed for prospective members, and that I understand the purpose and objectives of the Cooperative.

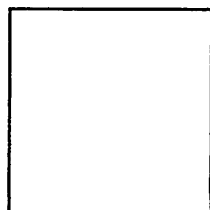
In connection with this membership, I hereby agree to the following terms and conditions:

1. To comply with the provisions of the Articles of Cooperation, the By-Laws, policies, rules and regulations set by the Board of Directors, and the General Assembly as well as acts of duly constituted authorities. Failure on my part to do so, the Cooperative at its option may:
  - a. Fine,
  - b. Suspend, and
  - c. Expel me from membership, whereupon all my shareholdings shall be answerable for my liabilities to the Cooperative.
2. To attend all meetings, conferences and seminars as required by the Board of Directors.
3. To participate in the planned Savings Program for Capital Build-up by contributing:
  - a. Subscribing to at least Ten (10) shares valued at One Thousand Pesos (P1,000.00) per share paying for them either in lumpsum or in regular installments.
  - b. If on installments, to pay at least the value of one (1) share on organizational/regular meeting and the balance upon approval by the Board of my application for membership in regular monthly installments of \_\_\_\_\_ (P\_\_\_\_\_);
  - c. Contributing regularly to its share capital an amount from my monthly/salary from the Cooperative, but not lower than PhP100.00 per month.
  - d. Contributing part of the interest on my annual interest share capital and patronage refund due me.
4. To pay the membership fee of Php200.00 and P1,000.00, equivalent to One (1) share capital.
5. To comply with directives of duly constituted authorities as well as the decisions of the Board regarding the operating policies of the Cooperative; and
6. To receive the Share Certificate upon completion of paying the ten (10) shares of the total Share Capital.

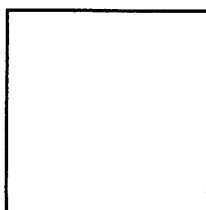
The provisions of this agreement, the Articles of Cooperation and By-laws have been explained to me. I understand them and I agree to abide by all of them.

In all of the above undertakings, I am aware that the Board of Directors and the Cooperative may impose sanctions against me or perform any act necessary to make the sanction/s effective without going to court.

In witness hereof, I have hereunto affixed my signature and thumbmarks this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.



Left Thumbmark



Right Thumbmark

\_\_\_\_\_  
Signature over Printed Name



**PHILIPPINE NATIONAL POLICE  
LAKAS TULUNGAN MULT-PURPOSE COOPERATIVE**

Ground Floor, PNP Multi-Purpose Center, Camp Crame, Quezon City

**CDA Reg No. 9520-16000181**

Tel. No. 8451-1816 / (0915) 828 3810

Email: pnpltmpc@gmail.com

**AUTHORIZATION TO DEDUCT**

I hereby authorize **PNP Finance Service (FS)** to deduct from my salary the sum of \_\_\_\_\_ (PhP \_\_\_\_\_) representing the monthly amortization of my loan obligation/insurance premiums/fixed deposit/savings deposit with **PNPLTMPC** for a period of \_\_\_\_\_ months or until full settlement.

In case of dismissal, resignation, separation, retirement or termination from the service for whatever cause, I, as the borrower, shall pay the outstanding remaining balance, including interests, cost, fines, fees and other expenses to **PNPLTMPC**.

That I fully understand that the loan obligation/insurance premiums is a contract between the loan association, cooperative or insurance company and the undersigned borrower and thus, hereby assume all the obligation that may arise thereof and hereby understand that the **PNP FS** is not privy to the contract of loan/insurance premium executed with the loan association, cooperative and insurance company but is merely authorized pursuant to GAA to deduct loan obligation from the salaries of employees.

\_\_\_\_\_  
Signature over Printed Name of Borrower

Thumbmarks

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, Philippines.