


Member's Specimen Signatures <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	Account No.: _____ <div style="text-align: center;">  NATCCO NETWORK TAM-AN BANAUE MULTIPURPOSE COOPERATIVE CDA Registration No. 9520-15008090 CIN No. 0105150010 TIN No. 004-045-113 </div>	Member's ID Picture
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TAM-AN BMPC MEMBERSHIP APPLICATION FORM

DATA PRIVACY POLICY

Tam-an BMPC is committed to protecting your personal information and your privacy under the Data Privacy Act of 2012. As part of this commitment, all the data that we collect, use, and/or process shall be for the purposes of providing you with products and services you availed, communicating with you relevant products, services, advisories, and responses, conducting marketing activities, and complying with legal process in accordance with the requirements of the DPA. Rest assured that Tam-an BMPC implements reasonable and appropriate institutional and physical security measures in order to maintain the confidentiality, integrity, and availability of such personal information. By filling out and signing this form, you agree to the collection, storage, and use of the data that you will provide for the purposes above stated. You understand that the collection and use of this data, which may include personal and sensitive personal information, shall be in accordance with the Data Privacy Act.

I. APPLICANT'S INFORMATION

<u>FAMILY NAME</u>		<u>GIVEN NAME</u>		<u>MIDDLE NAME</u>		<u>OCCUPATION</u>
<u>BIRTH DATE</u>		<u>PLACE OF BIRTH</u>	<u>AGE</u>	<u>SEX</u>	<u>GENDER IDENTITY</u>	<u>CIVIL STATUS</u>
<u>SPOUSE'S NAME</u>		<u>OCCUPATION</u>		<u>CONTACT NUMBER OF MEMBER</u>		
<u>NUMBER OF DEPENDENT/S</u>		<u>RELIGION/ SOC AFFILIATION</u>		<u>ANNUAL INCOME</u>		
HOME ADDRESS	<u>BARANGAY</u>	<u>MUNICIPALITY</u>	<u>PROVINCE</u>		<u>HIGHEST EDUCATIONAL ATTAINMENT</u>	
	<u>BARANGAY</u>	<u>MUNICIPALITY</u>	<u>PROVINCE</u>		<u>TIN</u>	
BUSINESS ADDRESS	<u>BARANGAY</u>	<u>MUNICIPALITY</u>	<u>PROVINCE</u>		<u>TIN</u>	
	<u>BARANGAY</u>	<u>MUNICIPALITY</u>	<u>PROVINCE</u>		<u>TIN</u>	

II. INVESTMENT OPTIONS

A. SAVINGS DEPOSIT PRODUCTS

REGULAR SAVINGS

1. My deposit earns an interest of 2% per annum computed quarterly upon reaching the minimum balance of P1,000.00.
2. My deposit is withdrawable any time at the credit branch of the cooperative where I am a member.
3. I will be entitled to a LIFETIME HOSPITALIZATION BENEFIT upon reaching the required savings balance of P5,000 to P25,000.00 and above after the thirty-day contestability period prior to hospital admission.
4. My Regular Savings below one thousand (P1,000.00) without transaction for one year will be considered dormant in favor of the cooperative.

PANGARAP SAVINGS

1. My deposit earns an interest of 4% per annum computed annually upon reaching the minimum balance of P1,000.00.
2. My deposit will be withdrawable after 1 year; however, in case I opt to withdraw my deposit before the 1-year period, I will still be entitled with an interest of 2% per annum.
3. I will be entitled to a LIFETIME HOSPITALIZATION BENEFIT upon reaching the required savings balance of P5,000.00 to P25,000.00 and above after the thirty-day contestability period prior to hospital admission.
4. My Pangarap Savings below one thousand (P1,000.00) without transaction for one year will be considered dormant in favor of the cooperative.

A.1 LIFETIME HOSPITALIZATION BENEFIT

DEPOSIT	AMOUNT OF BENEFIT	REMARKS
P5, 000.00 – P24,999.00	P350.00/DAY	Minimum of 3 days and maximum of 10 days per confinement
P25, 000.00 – ABOVE	P500.00/DAY	

TERM AND CONDITIONS OF ALL TYPES OF DEPOSIT PRODUCTS

1. That I will always present my passbook when depositing or withdrawing my money;
2. That my maintaining balance shall be One Hundred Pesos (P100.00);
3. That I will be entitled to a new passbook in case of damage or loss at the cost of One Hundred Pesos (P100.00), however, if the passbook pages are full, then I shall be issued a new one for FREE;
4. That I shall claim my hospitalization benefit within 60 days after confinement;
5. That I will not withdraw my savings deposit within 120 days upon reimbursement of my Hospitalization Benefit.

B. PAID UP SHARE CAPITAL

1. I shall be qualified as a regular member of the cooperative only if I am 18 to 65 years old, not mentally incompetent, suffering from an impairment that restricts my ability to decide with competence, or suffering from any critical or terminal illnesses or life-threatening disease/s. To prove my age and civil status, I shall submit the requirements of birth and/or marriage certificate. The coop has the right to deny membership if any requirement is not submitted for review and approval.
2. I will become a REGULAR MEMBER of the cooperative upon reaching the minimum share capital of Five Thousand Pesos (P5,000).
3. I will have voting rights only if I meet the minimum share capital of Five Thousand Pesos (P5,000.00), provided further that I have no past due account.
4. I will avail of my lifetime hospitalization benefits after the 30-day contestability period following the deposit of my share capital. and
5. I will be entitled to Lifetime Hospitalization Benefit, Lifetime Accident Hospital Benefit, Damayan Benefit (DB) and/or Accident Death Benefit (ADB).

B.1 LIFETIME HOSPITALIZATION BENEFIT

SHARE CAPITAL	AMOUNT OF BENEFIT	REMARKS
P5,000.00 – P24,999.00	P350.00/DAY	Minimum of 3 days and maximum of 10 days per confinement
P25,000.00 – ABOVE	P500.00/DAY	

B.2 LIFETIME ACCIDENT HOSPITALIZATION BENEFIT

B.3 DAMAYAN BENEFIT

I will avail of the Damayan benefit and pay the annual contribution of P500.00. I will not avail of the Damayan benefit.

B.4 ACCIDENT DEATH BENEFIT

PAID UP SHARE CAPITAL	LIFETIME ACCIDENT HOSPITALIZATION BENEFIT	DAMAYAN BENEFIT (DB)	ACCIDENT DEATH BENEFIT (ADB)
P5,000.00 to P9,999.00	P750/DAY Minimum of 3 days and maximum of 10 days per confinement	P15,000.00	P30,000.00
P10,000.00 to P14,999.00		P25,000.00	P50,000.00
P15,000.00 to P19,999.00		P35,000.00	P70,000.00
P20,000.00 to P24,999.00		P45,000.00	P90,000.00
P25,000.00 to P34,999.00	P1,000/DAY Minimum of 3 days and maximum of 10 days per confinement	P50,000.00	P100,000.00
P35,000.00 to P49,999.00		P100,000.00	P150,000.00
P50,000.00 and above		P150,000.00	P200,000.00

- Regular membership benefits such as Lifetime Accident Hospitalization Benefit, Damayan Benefit (DB), and Accident Death Benefit (ADB) shall be availed of after the one- year contestability period; Lifetime Hospitalization Benefit shall be availed of after the thirty-day contestability period.

B.5 DIVIDEND AND PATRONAGE REFUND

My Dividend and Patronage Refund will be computed after every General Assembly Meeting and will be added to my share capital; however, if my share capital is valued at least P15,000.00, I can use my dividend or patronage refund as payment to my Damayan Contribution.

B.6 LIFETIME DISCOUNT IN OTHER BUSINESSES OR SPECIAL PROJECTS OF THE COOPERATIVE

I will be entitled to a LIFETIME DISCOUNT in any existing or future businesses of the cooperative upon becoming an associate or regular member.

BENEFIT DISQUALIFICATION

Members who failed to pay their **DAMAYAN CONTRIBUTIONS** shall be **DISQUALIFIED** to receive any of the above-mentioned benefits.

III. BENEFICIARIES OF BENEFITS AND INVESTMENTS IN CASE OF MEMBER'S INCAPACITY OR DEATH

NAME OF BENEFICIARY/IES	RELATIONSHIP	BIRTH DATE	ADDRESS
1.			
2.			
3.			

TERMS AND CONDITIONS OF MEMBERSHIP

- That I have attended and fully understood the **PRE-MEMBERSHIP EDUCATION SEMINAR**;
- That I have paid my Membership Fee of P200.00, Damayan Fee of P200.00, Blood Samaritan of P100.00, and my initial Share Capital of P100.00;
- That I will subscribe to at least fifty (50) shares with a par value of P100.00 per share (or P5,000.00 share capital) up to five hundred (500) shares with par value of P100.00 per share (or P50,000.00 share capital) in order for me to have voting rights and avail of the benefits;
- That I will **PATRONIZE** and promote to my family, relatives and neighbors the products, services and other businesses of our cooperative;
- That I will **DILIGENTLY PAY MY LOAN OBLIGATION** in the cooperative until the same obligation has been fully paid;
- That I will **SUPPORT THE VISION, MISSION AND ADVOCACIES** of the cooperative especially the habit of savings;
- That I will transact only in the office of the cooperative in order to clarify records, information and issues;
- That I will attend the Annual Regular General Assembly (ARGAM) of the cooperative which is held **EVERY FIRST SATURDAY OF APRIL**;
- That I will dutifully pay my **ANNUAL DAMAYAN CONTRIBUTION OF P500.00** upon reaching the minimum share capital of P5,000.00 and above, in case I opt to avail thereof;
- That my share capital shall only earn **DIVIDEND AND PATRONAGE REFUNDS** upon reaching the minimum share capital of P5,000.00 in addition to my **BENEFITS** such as: lifetime hospitalization benefit, lifetime accident hospitalization benefit, Damayan benefit, accident death benefit, blood Samaritan program, emergency medical service/ambulance, free medical check-up per schedule, and technical vocational scholarship;
- That in the event that I decide to transfer my share capital due to incapacity and other applicable and valid reasons, then I shall pay a transfer fee of P500.00;
- That I will be entitled to avail of one (1) LIFETIME HOSPITALIZATION BENEFIT reimbursement in either my savings deposit or share capital, whichever is higher;
- That I will receive my **SHARE CAPITAL PASSBOOK, COOP ID, and SHARES CERTIFICATE** upon reaching P50,000 in shares;
- That I will abide by all the rules and regulations under R.A. No. 9520, and all policies and regulations approved and promulgated by the GENERAL ASSEMBLY, BOARD OF DIRECTORS AND MANAGEMENT including the provisions of our **TAM-AN BANAUE MULTIPURPOSE COOPERATIVE ARTICLES OF COOPERATIVE AND BY-LAWS**; and
- I will religiously pay my share capital subscription in installments within two (2) years and participate in the capital build-up and savings mobilization activities of the Cooperative.

I hereby certify that I have carefully read and fully understood the above membership terms and conditions. **I CERTIFY FURTHER THAT I WILL ACCEPT AND ABIDE WITH THE OBLIGATIONS AND RESPONSIBILITIES OF MY CO-OP MEMBERSHIP.**

Done this _____ day of _____, 20____ at _____.

Signature over Printed Name

IV. DOCUMENTARY REQUIREMENTS OF BENEFITS

- LIFETIME HOSPITALIZATION BENEFITS: Medical Certificate and Passbook
- LIFETIME ACCIDENT HOSPITALIZATION BENEFIT: Police Blotter, Medical Certificate/Medico-legal certificate, and Passbook
- DAMAYAN BENEFIT: Death Certificate, Valid ID of the Beneficiary, Attending Physician's Statement (If member died at the hospital), Barangay Certificate (if member died at home), and Passbook
- ACCIDENT DEATH BENEFIT: Police Blotter, Death Certificate, Valid ID of the Beneficiary, and Passbook

V. RECOMMENDATION AND APPROVAL

Recommending Approval:

Branch Manager

Chief Executive Officer

VI. COOPERATIVE MEMBERSHIP APPROVAL

BOARD OF DIRECTORS

Approved by: _____

BOD Chairperson