



AGDAO MULTI-PURPOSE COOPERATIVE

Head Office: AMPC Green Bldg., N. Torres St. corner Urduja Ext., Obrero, 8000 Davao City

AUTO SAVINGS APPLICATION FORM

Branch: _____

Date of Application: _____

Personal Information

FULL NAME

_____ Last Name _____ First Name _____ Middle Name

PRESENT ADDRESS:

_____ House No./Block No Street/Purok Subdivision/Apartment

_____ Barangay City/Municipality Province

GENDER M () F () BIRTHDAY (dd/mm/yy) _____ CIVIL STATUS _____

OCCUPATION _____ EMPLOYER/BUSINESS _____

Membership Information

How did you know about this product?

() Fliers/Banners/Posters () Referred by a Staff () Others, pls specify:
() Internet/TV Ads/Radio Ads () Referred by a Member

Do you have any other deposits in AMPC other than regular savings Yes () No ()

If yes, please specify: _____

Initial Deposit: P _____ Frequency of installment: () Monthly

Amount of Installment: P _____ () Quarterly () Semi-Annually

Savings Holding Period: () 5 years () 8 years () 10 years

Printed Name and Signature of Applicant

Contact/Telephone Number

pls do not fill-up below this line

FOR INTERNAL USE ONLY

Checked by:

Approved by:

Printed Name and Signature

Branch Manager/OIC

I.D. Presented

Date _____

Note: This application should be accomplished together with the installment savings agreement (duplicate copy)