



AGDAO MULTI-PURPOSE COOPERATIVE

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

LEISURE 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: () 3 years () 5 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)