



AGDAO MULTI-PURPOSE COOPERATIVE



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

Tel. Nos.: 3003828(telefax),3004355/2853797/222-3861

"SINSILYO PARA SA KAUGMAON" APPLICATION FORM

Recent 1x1
Picture

Branch		Date of Application		
PERSONAL INFORMATION				
LASTNAME		FIRSTNAME		MIDDLE NAME
Date of Birth (mm/dd/yy)		Place of Birth		Height _____ Weight _____
Highest Completed Level of Education		No. Of Dependents		Ages of Dependents
Present Address			<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Others: _____	
Length of Time at Present Address		Contact Number/s		Email Address
EMPLOYMENT/BUSINESS INFORMATION				
Occupation		Length of Service/Date Started		Employer/Business Name
Employer/Business Address			Contact Number/s	
Which of the following comes closest to your monthly income in Philippine Pesos?				Employment Status
<input type="checkbox"/> Under 8,000 <input type="checkbox"/> 8000-15000 <input type="checkbox"/> 15,001-30,000 <input type="checkbox"/> 30,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Above 100,000				<input type="checkbox"/> Regular/Permanent <input type="checkbox"/> Others <input type="checkbox"/> Contractual _____
SPOUSE'S INFORMATION				
LASTNAME		FIRSTNAME		MIDDLE NAME
Date of Birth		Contact Number/s		Occupation
Employer/Business		Business/Employer's Address/Contact Number		
How Did You Hear About This Product				
<input type="checkbox"/> Referred by _____ <input type="checkbox"/> Advertisement (radio, tv, print media) <input type="checkbox"/> Events/Trade fair <input type="checkbox"/> Fliers/Information Drive <input type="checkbox"/> Internet search/social media <input type="checkbox"/> Others, pls. specify _____				
<u>UNDERTAKING</u>				
<p>I hereby voluntarily apply for "Sinsilyo para sa Kaugmaon" savings program in AGDAO MULTI-PURPOSE COOPERATIVE and further abide by its policies, rules and regulation set forth in its Article of Cooperation and By-Laws and amendments thereof, the decisions of the General Assembly and those of the Board of Directors. I further agree:</p> <ul style="list-style-type: none"> • To pay the membership fee in the amount of P200.00 and initial deposit of P100.00 • To subscribe at least P1,000 as share capital to be paid on a staggered basis within six (6) months period. • To continuously deposit the amount of P100 weekly or P500 monthly. • Deposits shall not be deducted for mortuary replenishment purposes. 				
_____ Printed Name & Signature of Applicant			_____ Date	
_____ Received by:			_____ Approved by:	
_____ Printed Name & Signature of Employee			_____ Printed Name & Signature of Branch Manager/OIC	

Republic of the Philippines}
Davao City }s.s
x-----/

UNDERTAKING

I, _____ of legal age, Filipino and a resident of _____, Philippines, after having been duly sworn in accordance with law, hereby depose and state;

1. That I am a member of Agdao Multi-Purpose Cooperative (AMPC) - _____ Branch with Branch Office address at _____.

2. As a member of AMPC, I must patronize its products and services. This is the main reason why I have decided to avail of "Sinsilyo Para sa Kaugmaon" savings product of this cooperative.

3. I understand that my savings in this "Sinsilyo Para sa Kaugmaon" shall not be subject to any deduction for the existing *damayan* fund of AMPC.

4. Considering the fact that my savings for "Sinsilyo Para sa Kaugmaon" shall not be subject to any deduction for this *damayan* fund of AMPC, I hereby voluntarily and unilaterally WAIVE, FOREGO, and/or FORFEIT any right whatsoever in the availment or collection of *damayan* benefits in relation to the existing AMPC *Damayan* Fund Policies.

5. That I am voluntarily executing this UNDERTAKING in order to attest to the truthfulness and veracity of the foregoing statements, apprise the concerned authorities on the matter and for whatever legal purposes with which the same may serve.

IN WITNESS WHEREOF, I have hereunto affixed my signature this ____day of _____, 20____ at _____, Philippines.

Affiant/AMPC Member

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____ at Municipality/City of _____, Philippines, by affiant who exhibited to me his/her _____ as competent proof of identity.

Doc. No.: _____;
Book No.: _____;
Page No.: _____;
Series of 20____.