



RECEMPCO



Regional and Central COMELEC Employees Multi-Purpose Cooperative

MEMBERSHIP REQUIREMENTS

- Membership Form
- CISA Form
- Authorization Form
- Certificate of No Pending Case (From Personnel Department – Legal Division)
- Signature Card Form
- Photocopy of Appointment/Certificate of Employment/Contract of Service
- Photocopy of Payslip
- Photocopy of COMELEC I.D
- Photo I.D 2 x2 (2 pcs)
- Proof of Relationship (if Associate in Relation)

SIGNATURE CARD

NAME: _____
Last Name First Name Middle Name Suffix

Residential Address: _____

Mobile No.: _____ Office Tel. No.: _____

Birthday: _____ Tin No.: _____

Station: _____ Department: _____

Position: _____ Email Address: _____

STATUS OF MEMBERSHIP

Regular Member: ☐ Permanent ☐ Retired

Associate Member: ☐ Plantilla Casual ☐ Co-Terminus ☐ Contractual

☐ Contract of Service ☐ By Consanguinity ☐ By Affinity

If membership thru Consanguinity or Affinity

Relationship to the Recommending Regular Member: _____

Name of the Regular Member: _____

SIGNATURE OF DEPOSITOR



1. _____ 2. _____

3. _____

I hereby agree to have this specimen signature card used for all accounts to be opened on my behalf and to have my deposit governed by the terms and conditions set forth by RECEMPCO.

Signature over Printed Name

Date

Date

The Board of Directors
Regional and Central COMELEC Employees MPC
Tacloban City

2" X 2"
Size
I.D. Picture

Mesdames/Gentlemen:

I, _____ hereby apply for membership in the Regional and Central COMELEC Employees Multi-Purpose Cooperative (RECEMPCO). My present residence is _____ and my official station is _____

Stated hereunder are important information about myself:

Type of Membership: ☐ Regular Member ☐ Associate Member ☐ By Employment ☐ By Relation

Name of the Regular Member (If Associate by Relation): _____

(Family Name)

(Given Name)

(Middle Name)

(Suffix)

BIRTHDAY _____

CONTACT NUMBER _____

CIVIL STATUS _____

SEX _____ WEIGHT _____ HEIGHT _____

PLACE OF BIRTH _____

RELIGION _____

EDUCATIONAL ATTAINMENT _____

NUMBER OF DEPENDENT _____

TAX IDENTIFICATION NO. _____

PRESENT POSITION TITLE _____

STATION/DEPARTMENT _____

PROVINCE _____

REGION _____

EMAIL ADDRESS _____

MONTHLY SALARY _____

FB MESSENGER _____

DATE OF EMPLOYMENT IN COMELEC/
OTHER INSTITUTION _____

YEARS IN SERVICE IN COMELEC/
OTHER INSTITUTION _____

MONTHLY'S FULL MAIDEN NAME _____

NAME OF SPOUSE _____

OCCUPATION _____

NET MONTH INCOME OF SPOUSE _____

DATE OF MARRIAGE _____

CONTACT NUMBER OF SPOUSE _____

Beneficiaries:

Name	Relationship to Member	Date of Birth	Contact Number

Cooperative Affiliations:

Name of Cooperative	Address of Cooperative	Position Held (Member/Officer)	Year

COOPERATIVE INVOLVEMENT

If accepted as a member, I agree to comply with the RECEMPCO By-laws, Articles of Cooperation, and all the rules and regulations of the organization as well as the applicable rules set by the Cooperative Development Authority.

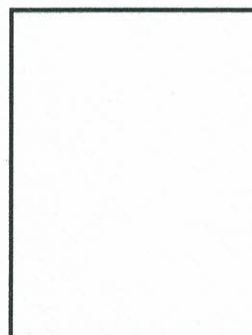
SIGNATURE OVER PRINTED NAME

SPECIMEN SIGNATURE

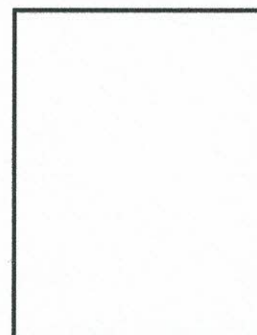
1. _____

2. _____

3. _____



Left Thumb
Mark



Right Thumb
Mark

Notice on Data Privacy: "All authorized recipients of any personal data, personal information, privileged information and sensitive personal information contained in this document, including other pertinent documents attached thereto that are shared by the Regional and Central COMELEC Employees Multi-Purpose Cooperative in compliance with the existing laws and rules, and in conformity with the Data Privacy Act of 2012 (R.A. No. 10173) and its Implementing Rules and Regulations, as well as the pertinent Circulars of the National Privacy Commission, are similarly bound to comply with the said laws, rules and regulations relating to data privacy, security, confidentiality, protection and accountability."

ACTION OF THE BOARD OF DIRECTORS

After evaluating the application for membership of _____,
together with the attached supporting documents, the Board of RECEMPCO in its regular /special meeting held on _____, hereby approves/disapproves the said application.

By:

Chair, Board of Director

MEMBERSHIP SUBSCRIPTION AGREEMENT

I _____, Filipino, of legal age, and a resident of _____, in compliance with the requirements membership in Regional and Central COMELEC employees Multi-Purpose Cooperative (RECEMPCO), hereby voluntarily agree and commit to:

1. Subscribe a minimum of One hundred (100) common shares of the cooperative with a par value of One Hundred pesos (Php 100.00) per shares, equivalent to Ten Thousand Pesos (Php 10,000.00).
2. Pay the minimum amount of Two Thousand Pesos (Php 2,000.00) upon approval of my application of membership. Which amount is equivalent to twenty (20) shares.
3. Continuously increase my share capital/fixed deposit by paying or depositing either through salary deduction or over-the-counter payment, the amount of at least Five hundred pesos (Php 500.00) per month up to the maximum ceiling set by the Board of Directors.

In witness hereof, I hereunto affixed my signature at _____, this _____ day of _____ 20____.

Printed Name and Signature

AUTHORITY TO DEDUCT TO SHARE CAPITAL AND REGULAR SAVINGS FROM MY SALARY

This is to authorize RECEMPCO to deduct from my salary with COMELEC an additional amount of Php _____ monthly to be credited to my account/s to wit;

Share Capital : Php _____

Regular Savings: Php _____

AUTHORITY TO TRANSFER MY MBE, DIVIDEND & PATRONAGE REFUND TO SHARE CAPITAL

	100%	50%	25%
MBE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIVIDEND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PATRONAGE REFUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This authority will be deemed terminated upon written request of the undersigned.

Printed Name and Signature

Recruited by: _____
Printed Name and Signature



RECEMPCO



Regional and Central COMELEC Employees Multi-Purpose Cooperative

(CDA Ref. No. 9520-08006867 2ND FLOOR COMELEC BLDG, NEW BUS TERMINAL COMPOUND, TACLOBAN CITY

"Building the future through cooperation"

Date: _____

Dir. Margaret C.Ching
Director IV
Personnel Department

Dear Director Ching,

I hereby authorize RECEMPCO thru its representative, Mrs. Loren Grace Aban-Tismo/Mr. Ralph Joseph Hingco, to secure the following data, which will be used in the Credit Analysis of myloan/membership, towit;

MONTHLY SALARY		PAYROLL
DEDUCTIONS:		Php _____
RECEMPCO	Php _____	
GSIS LOAN	Php _____	
CEDCI	Php _____	
PROVIDENT FUND	Php _____	
PAGIBIG LOAN	Php _____	
OTHER DEDUCTION/S	Php _____	
Total		Php _____
NET TAKE HOME PAY		Php _____

Filledup by: _____ Date: _____
(Signature over the printed name of Personnel In-charge)

LEAVECREDITS: (Kindly fill-up detailed leave type)

TYPE OF LEAVE	NO. OF DAYS
VACATION LEAVE	
SICK LEAVE	
TOTAL	

Filledup by: _____ Date: _____
(Signature over the printed name of Personnel In-charge)

Kindly supply the needed data above and return the same to RECEMPCO.

Thank you very much.

Signature over Printed Name

Last Name: _____

Status of Employment: _____

First Name: _____

Department/Station: _____

Middle Name: _____

Province: _____

Gender: _____

Region: _____

Position: _____

Date Of Employment (month/day/year): _____

Contact No.: _____

FB Messenger: _____

TO BE ACCOMPLISHED BY RECEMPCO STAFF

☐ LOANS

☐ TAKE HOME

☐ CERT. OF NO PENDING CASE

☐ MEMBERSHIP

☐ LEAVE CREDITS

REGIONAL AND CENTRAL COMELEC EMPLOYEES MULTI-PURPOSE COOPERATIVE (RECEMPCO)

2nd Floor, COMELEC Building, New Bus Terminal Compound, Tacloban City

recempcotacloban@gmail.com

(053) 523-4036

PERSONAL INFORMATION	
Last Name *	
First Name *	
Middle Name *	
Suffix Name	
Nickname	
Birth Date (mm/dd/yyyy) *	
Place of Birth *	
Country of Birth	
Civil Status *	
Sex/Gender *	
Blood Type *	
Height (Feet & inches)	
Weight (Kilograms)	
No. of Children	
No. of Dependents	
Citizenship/Nationality *	
Religion *	
Social Affiliations	
Highest Education *	
PRESENT ADDRESS	
Country*	
Region *	
Province *	
City/Municipality *	
Barangay *	
Subdivision *	
Street *	
House No. *	
Postal Code	
Occupied Since *	
Living with Parents	Adress Type
Rented House	
Owned House	
House Owner if Rented	
PREVIOUS ADDRESS (if applicable)	
Country	
Region	
Province	
City/Municipality	
Barangay	
Subdivision	
Street	
House No.	
Postal Code	
Period Date From	
Period Date To	

PARENT'S INFORMATION	
Mother's Maiden Last Name *	
Mother's Maiden First Name *	
Mother's Maiden Middle Name *	
Region *	
Province *	
City/Municipality *	
Barangay *	
No. / Street / Subdivision *	
Postal Code	
Father's Last Name	
Father's First Name	
Father's Middle Name	
Father's Suffix	
Region	
Province	
City/Municipality	
Barangay	
No. / Street / Subdivision	
Postal Code	
CONTACT INFORMATION	
Home Phone Area Code	
Home Phone No.	
Mobile No. *	
Office Phone Area Code	
Office Phone No.	
Email Address	
REGISTRATION NUMBERS with No Expiry (at least 2 valid ID's)	
TIN No. *	
SSS No.	
GSIS No.	
Pagibig No.	
Philhealth No.	
Senior Citizen card	
REGISTRATION NUMBERS with Expiry (at least 2 valid ID's)	
Driver's License No.	
Driver's License Issued Date	
Driver's License Expiry Date	
Passport ID No.	
Passport Issued Date	
Passport Expiry Date	
PRC ID No.	
PRC ID Issued Date	
PRC ID Expiry Date	
Postal ID No.	
Postal ID Issued Date	
Postal ID Expiry Date	

REGIONAL AND CENTRAL COMELEC EMPLOYEES MULTI-PURPOSE COOPERATIVE (RECEMPCO)

2nd Floor, COMELEC Building, New Bus Terminal Compound, Tacloban City

taclobanho@recempco.com.ph

(053) 523-4036

EMPLOYMENT INFORMATION (required)	
Company	
Sector	
Region	
Province	
City/Municipality	
Barangay	
No. / Street / Subdivision	
Postal Code	
Company ID No	
Position	
Job Level	
Employment Status	
Years of Employment	
Date Hired From	
Date Hired To	
SELF EMPLOYMENT OR BUSINESS INFORMATION (if applicable)	
Sector	
Sub Sector	
Occupation	
Business Name (if any)	
Line of Business	
Region	
Province	
City/Municipality	
Barangay	
No. / Street / Subdivision	
Postal Code	
Authorization: I hereby acknowledge and authorize: 1) the regular submission and disclosure of my basic credit data (as defined under the Republic Act 9510 and its Implementing Rules and Regulations) to the Credit Information Corporation (CIC) as well as any updates or corrections thereof; and 2) the sharing of my basic credit data with other lenders authorized by the CIC, and credit reporting agencies duly accredited by the CIC.	
Date	Members' Signature Over Printed Name

SPOUSE INFORMATION (if applicable)	
Last Name	
First Name	
Middle Name	
Maiden Name	
Company Name	
Employer Address	
Office Phone No.	
Mobile No.	
Email Address	
INCOME INFORMATION	
Salary (Annual) *	
Business Income (Annual)	
Other Income (Annual)	
Spouse Salary (Annual)	
Spouse Business Income (Annual)	
BANK ACCOUNTS	
1 - Bank Name *	
1 - Bank Account Type *	
2 - Bank Name	
2 - Bank Account Type	
3 - Bank Name	
3 - Bank Account Type	
ASSETS	
Car Owned 1	
Car Owned 2	
Car Owned 3	
Car Owned 4	
Car Owned 5	
Other Assets 1 *	
Other Assets 2	
Other Assets 3	
Other Assets 4	
Other Assets 5	
CHILDREN INFORMATION (DEPENDENTS)	
Name of Children/Dependent *	Birth Date *