

**BARANGKA CREDIT COOPERATIVE**

A Primary Multi-Purpose Cooperative
 No. 170 General Julian Cruz St., Barangka, Marikina City
 8475-0044 | 8997-3051 | 8941-5244

Membership Status:

- New Member
 Current/Old Member

COMMON SHARE CAPITAL SUBSCRIPTION AGREEMENT

(Form No. TF-034 / Rev. 10/16/2020)

Last Name		First Name		Middle Name		Date Applied:	Application No.:
Total Amount Subscribed:	Term of Subscription:	Term of Payment:	Mode of Payment:		First Payment Date:	Last Payment Date:	
		<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Others: _____	<input type="checkbox"/> Over the Counter (OTC) <input type="checkbox"/> Post Dated Checks <input type="checkbox"/> Debit from ATM/Salary <input type="checkbox"/> Debit from regular savings				

Terms and Conditions:**1. Qualified Members:**

- 1.1. A new Regular member/co-owner must subscribed a minimum of Fourteen Thousand Pesos (₱14,000.00) on his/her common share capital payable within the prescribed 24-month term, which can be paid in full upon membership or on a monthly installment.
- 1.2. Regular members/co-owners with paid-up common share capital of ₱14,000.00 and above must continuously subscribe additional common shares. A minimum of ₱14,000.00 or more may be subscribed. Provided that, the divisor is equivalent to ₱14,000.00. Term of subscription may vary according to the capacity of the member.

2. Incentive Reward for Additional Subscription**2.1. Subscription under Installment Deposit/Payment**

2.1.1. A regular member subscribing additional common shares shall be entitled to receive a 5% incentive reward based on his/her paid-up share subscription for the year. The release of incentive reward to the subscribing members shall be after the conduct of Annual General Assembly Meeting, which is to be credited to member's registered MIGS ATM card or savings account with BCC.

2.2. Subscription under Spot Cash Deposit/Payment

2.2.1. A regular member subscribing additional common shares under spot cash basis shall be entitled to receive 10% incentive reward. The said reward shall be credited to member's registred MIGS ATM card or savings account with BCC upon full payment/deposit.

3. Paid common share capital subscriptions shall be entitled to the provisions of BCC in the computation of dividends every end of the year.

4. No member shall transfer their balances from common share capital to preferred share capital or vice versa. Transfer of shares shall be allowed subject to the provisions under Section 77 of the By-Laws and Article II, Sections 8 & 9 of BCC Membership Policy.

5. Members/Co-Owners may choose one (1) mode of deposit in paying their subscription on share capital. For over the counter deposits, members may go to the nearest BCC office or thru its authorized bank partners. For deposit made in authorized bank partners, members must secure and present the duplicate copy of bank validated slip to BCC as proof of deposit.

6. A penalty fee of 2% per month shall be charged on the amount of share capital subscription in default.

I, whose specimen signature below, certify that the information disclosed in this Agreement is true and correct, and the provisions indicated herein has been explained to me and clearly understood for compliance.

 Printed Name & Signature of Co-Owner

**BARANGKA CREDIT COOPERATIVE
MIGS ATM SAVINGS APPLICATION FORM**

Date _____

MEMBER INFORMATION

NAME (Last Name, First Name, Middle Name)		SHORT NAME
ADDRESS		TELEPHONE NUMBER

BIRTHDAY	YOUR MOTHERS'S FULL MAIDEN NAME
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ACCOUNT INFORMATION

NAME TO APPEAR ON THE ATM CARD (up to 25 characters) <input type="text"/>	MEMBER SIGNATURE
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TYPE OF CARD APPLIED FOR <input type="checkbox"/> New Card <input type="checkbox"/> Replacement Card <input type="radio"/> Lost Card <input type="radio"/> Wear & Tear valid until _____ <input type="checkbox"/> Forgotten Pin	BCC USE ONLY CARD NUMBER <input type="text"/>
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ATM ACCOUNT NO. <input type="text"/>	Form No. MI-013
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BCC USE ONLY

Processed by	Signature Verified by	Approved by
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- - - - - Detach Here - - - - -

ATM CARD RELEASE SLIP

Name _____ Application Date _____

Card Number _____ Release Date _____

Member's Signature over Printed Name

Coop Officer's Signature over Printed Name



BARANGKA CREDIT COOPERATIVE

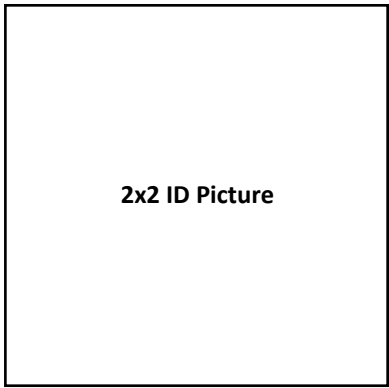
A Primary Multi-Purpose Cooperative



APPLICATION FOR MEMBERSHIP & LSPP

Membership Code/ ID No. : _____
 Petsa ng Pagiging Miyembro : _____
 Uri ng Miyembro : Regular Associate
 For : The Board of Directors

Ako ay magbibigay ng impormasyon sa mga sumusunod na may kaugnayan sa aking aplikasyon para sa pagiging kasapi/ kamay-ari.



I. PANSARILING IMPORMASYON

APELYIDO				PANGALAN				GITNANG PANGALAN			
KASALUKUYANG TIRAHAN				HABA NG PANINIRAHAN				NUMERO NG TELEPONO/ MOBILE NO.			
Numero		Street		Subdivision/ Barangay		City/ Province		Taon		Buwan	
URI NG TIRAHAN				PALAYAW/ ALYAS				E-MAIL ADDRESS			
<input type="checkbox"/> Sariling Pag-aari <input type="checkbox"/> Inuupahan <input type="checkbox"/> Hinuhulugan <input type="checkbox"/> Libreng Paninirahan - Pag-aari ni: _____											
PIRMIHANG TIRAHAN				TIRAHAN SA PROBINSYA							
Numero		Street		Subdivision/ Barangay		City/ Province					
PETA NG KAPANGANAKAN (BUWAN/ARAW/TAON)				EDAD		LUGAR KUNG SAAN IPINANGANAK		KASARIAN		CITIZENSHIP	
								<input type="checkbox"/> LALAKI <input type="checkbox"/> BABAE			
ANTAS NG EDUKASYON				KALAGAYANG SIBIL:				BUONG PANGALAN NG INA SA PAGKADALAGA			
<input type="checkbox"/> Post Graduate		<input type="checkbox"/> High School Graduate		<input type="checkbox"/> Binata/Dalaga		<input type="checkbox"/> May-Asawa					
<input type="checkbox"/> Kolehiyo		<input type="checkbox"/> Elementarya		<input type="checkbox"/> Legal na Hiwalay sa Asawa		<input type="checkbox"/> Anibersaryo ng Kasal :					
<input type="checkbox"/> Vocational Degree		<input type="checkbox"/> Atbp. _____		<input type="checkbox"/> Biyudo/Biyuda				TIN NO.		SSS/ GSIS NO.	
AFFILIATION/CIVIC ORGANIZATION MEMBERSHIP				PERSONS WITH SPECIAL NEEDS (PWSN):				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Type: _____ Position: _____ Name of Organization: _____											

II. PINAGKAKAKITAAN

PANGUNAHING KITA: ARAW NA NAGSIMULA		PANGALAN NG KOMPANYA/NEGOSYO		IBA PANG PINAGKAKAKITAAN	
<input type="checkbox"/> Sustento/Pension _____		KUMPLETONG LUGAR NG HANAPBUHAY		BUWANANG KITA SA IBA PANG PINAGKAKAKITAAN	
<input type="checkbox"/> Negosyo _____		POSISYON/KATANGIAN NG NEGOSYO			
<input type="checkbox"/> Sweldo _____		ILANG TAON SA KOMPANYA / NEGOSYO / SUSTENTO			
<input type="checkbox"/> At iba pa: _____		STATUS <input type="checkbox"/> Regular <input type="checkbox"/> Iba pa _____			
BUWANANG KITA - PS. _____		TELEPONO/CELLPHONE NO. NG KOMPANYA/NEGOSYO			

III. KITA NG ASAWA/PAMILYA

PANGALAN:		KAUGNAYAN		TRABAHO	
PANGALAN NG NEGOSYO:		NUMERO NG TELEPONO/ CELLPHONE NO.			
KUMPLETONG LUGAR NG HANAPBUHAY:		BUWANANG KITA			

IV. MGA TAONG MAGPAPATUNAY NG AKING PAGKATAO (walang kaugnayan sayo)

PANGALAN:		NUMERO NG TELEPONO/ CELLPHONE NO.	
PANGALAN:		NUMERO NG TELEPONO/ CELLPHONE NO.	

V. LIFE SHARE PROTECTION PLAN (LSPP)

1. Deklarasyon ng Beneficiary

A. Para sa **Miyembrong MAY-ASAWA / SOLO PARENT**

MIYEMRO NG PAMILYA	BUONG PANGALAN (Apelyido, Pangalan, Gitnang Pangalan)	PETA NG KAPANGANAKAN	EDAD	Huling pagkakasakit sa Ospital/ Sakit na higit sa isang araw
LEGAL NA ASAWA				
UNANG ANAK				
PANGALAWANG ANAK				
PANGATLONG ANAK				

B. Para sa **Miyembrong WALANG-ASAWA** (at walang anak)

MIYEMRO NG PAMILYA	BUONG PANGALAN (Apelyido, Pangalan, Gitnang Pangalan)	PETA NG KAPANGANAKAN	EDAD	Huling pagkakasakit sa Ospital/ Sakit na higit sa isang araw
AMA				
INA				
KAPATID				
KAPATID				

2. Mga naging sakit ng miyembro

URI NG SAKIT	OO	HINDI	PETA NG PAGKAKASAKIT	Medikal na Paggamot
Ikaw ba ay nasa mabuting kalusugan at walang anumang mental o pisikal na kapansanan o pagkawala sa sarili.				
Allergy/Sensitibo sa Gamot (maliban sa pagkain, gamot, kapaligiran, at iba pa.)				
Nakakahawang sakit (Bulutong, Sakit sa atay, Pulmonya, Tigdas, Lagnat, at iba pa.)				
Pangunahing Sakit (Hika, Kanser, dyabetis, mataas na presyon ng dugo, sakit sa katawan o kahinaan, at iba pa)				
Isulat ang anumang pangunahing sakit o kapansanan (kung mayroong anuman)				

Pakitanggap po ang pagkilala sa aking mga pirma para sa aking pagbabayad ng mga transaksyon at pagkakautang:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Ang lagda ay pinatotohanan ni: _____ Inaprubahan ni: _____ Tinanggap ni: _____

Iguhit ang daan o mapa ng eksaktong lugar ng iyong tirahan (mula sa pangunahing kalye at palatandaang malapit sa iyong tirahan)

VI. DATA PRIVACY CONSENT

I authorize and give my consent to Barangka Credit Cooperative (BCC), a primary multi-purpose cooperative registered under the Cooperative Development Authority (CDA), to collect, process, update, disclose, retain, and dispose my personal information and other sensitive personal information contained in my membership record form and any other forms of documents that I have or will submit to BCC, whether manually or electronically, in accordance with the Data Privacy Act, and its implementing Rules and Regulations (IRR):

- To verify and share my personal information from any person or entity that BCC may deem necessary including, but not limited to, credit bureaus, financial institutions, and government authorities such as the Cooperative Development Authority (CDA), Bureau of Internal Revenue (BIR), and third parties like BCC accredited agencies and service providers;
- To establish, confirm, review or update my record;
- To manage and process my account and/or services provided to me;
- To conduct membership risk, capacity and suitability assessment, product development and audit;
- To market its products and services, and other legitimate business purposes; and
- To comply with its reporting obligations under applicable laws, rules and regulations.

I understand that any information provided to BCC is protected. BCC will only collect my Personal Information and other sensitive personal information through secure means, i.e. in person at BCC branches, via recorded line through BCC hotlines and in-house collection, e-channels - BCC business online platform, website, emails, and social media accounts.

I understand that this authorization/consent shall continue to be in effect throughout the duration of my membership with BCC and/or until expiration of the records retention limit set by the relevant laws and regulations for membership account closure, and the period set until destruction and/or disposal of my records, unless earlier withdrawn in writing.

I agree to hold BCC and the persons or entities from whom it may obtain, or with whom it may disclose or verify my personal information and other sensitive personal information free and harmless from any liability arising from the use of any such information.

Finally, I have read and understood and consent to be bound by all the terms and conditions stated above.

VII. MEMBERSHIP PLEDGE, TERMS AND CONDITIONS

As BCC Member, I hereby pledge to agree and comply with the following terms and conditions of my membership with the Barangka Credit Cooperative:

1. To prove that I have attended, completed and finished the prescribed Pre-Membership Education Seminar (PMES) on this day of _____ (MM/DD/YY) under Certificate Number _____.
2. To pay the membership fee of ₱100.00 upon application, the required minimum share capital subscription within the prescribed 24-month period, and other fees prescribed under the initial membership investment;
3. To comply with the provisions of the Articles of Cooperation, By-Laws, policies, and regulations set by the Board of Directors, the General Manager or the Chief Executive Officer, as well as acts of duty constituted Authorities, and in case of failure on my part to do so, the BCC Board of Directors or its designated representative/s, or the Kilusang Bayan or Court, at its options may:
 - 3.1. Fine, suspend, terminate or expel me from membership, where upon my shareholding shall be answerable for my loans as co-maker and other liabilities to BCC. This is without prejudice to the right of BCC to file complaints for collection of all loans and obligations to BCC in case my shareholding is not sufficient to cover the full payment of loans;
4. To certify the truthfulness of all the information prescribed in this membership application form including the information provided under my Beneficiary/ies Information for Life Share Protection Plan (LSPP). I further certify that I have read, understood and have been appraised, as well as my beneficiaries and family members of the LSPP, to which I/we adhere and strictly abide. Any violation on any part or whole policy shall be enough ground for the non-payment or forfeiture of my LSPP benefits without any further notice.
5. To participate and patronize in the following Capital Build-Up (CBU) program of the cooperative as prescribed under BCC By-Laws Article II, Section 5 and Article VII, section 67:
 - 5.1. To subscribe for a minimum of 140 shares valued at ₱100.00 per share, and pay in lump sum or installment within 24 months from the approval of this membership application;
 - 5.2. Upon completion or full payment of the required minimum 140 shares, to continue subscribing, adding, contributing, depositing or paying on a daily/weekly/semi-monthly/monthly at least ₱_____ for my Share Capital account and at least ₱_____ for my Regular Savings account, to which may be deducted or collected from my monthly salary/earnings/income;
 - 5.3. To contribute at least 5% of the loan/s that I will avail for my CBU. For this purpose, I hereby authorize BCC to automatically deduct 5% from my approved loan/s and add the amount to my Share Capital account;
 - 5.4. To contribute at least 50% of the annual interest on capital and patronage refund due to me, and add to my Share Capital account;
6. To agree and comply that the availment of any loan facility from BCC is a privilege and not a matter of right. Whenever I avail a loan product, I commit to take care of my account responsibly and ensure to pay my due religiously;
7. To agree and comply the terms and conditions applied on membership withdrawal/resignation/termination as prescribed under the following:
 - 7.1. BCC By-Laws, Article II, Section 12, to wit: "A member may, for any valid reason, withdraw/resign/terminate his/her membership from the cooperative by giving a 60-day notice to the Board of Directors. However, no member shall be allowed to withdraw or terminate his/her membership during any period in which he/she has any pending obligations with the cooperative.";
 - 7.2. BCC Membership Policy, Article I, Section 13, to wit: "A member who opts to withdraw/resign/terminate his/her membership with the cooperative must comply the procedures identified herein:
 - 7.2.1. To secure, fill-up and submit membership withdrawal/resignation/termination and clearance form;
 - 7.2.2. To surrender and submit Share Capital Certificate, passbooks, MGS ATM card and other documents issued by BCC
 - 7.2.3. To undergo counseling and re-orientation from the Board of Directors or any of its authorized representatives;
 - 7.2.4. To pay the required withdrawal/resignation/termination fee of ₱1,000.00 to be automatically deducted from cash proceeds upon membership withdrawal/resignation/termination;
8. To adhere and comply with all the remedies and settlement of disputes under BCC By-Laws, Article XI before going to Cooperative Development Authority (CDA) or courts.

VIII. AUTHORIZATION FOR PAYROLL DEDUCTION (on payment of share capital, loan/s as maker or co-maker, and other financial obligations with BCC)

In consideration of my membership application with the Barangka Credit Cooperative (BCC), I hereby authorize my employer/company/office to deduct from my earnings, salaries, wages, 13th month pay, leave credits, bonuses, termination/separation and quitclaim monetary benefits the amounts necessary to pay, in part or in full, my capital contribution, loans and all other financial obligations to BCC, whether as maker or co-maker, and to remit the same to BCC upon demand. This duly accomplished membership form, once signed and approved, shall constitute sufficient continuous authority for my employer/company/office to deduct until my capital contribution, loans, and any other financial obligations to BCC are fully paid.

In all of the information declared in this application, I am fully aware that the Board of Directors of BCC and the Kilusang Bayan may impose sanctions against me, or perform any acts to make sanctions effective without going to court.

I hereby state under oath that the information supplied herein is true and correct to the best of my knowledge, and I fully understand that my information willfully withheld or intentionally made to mislead may be due cause for denial of this membership application.

Finally, I hereby allow and authorize the Barangka Credit Cooperative (BCC) to share my credit information with other financial institutions and any credit reporting agencies, and I hereby relieve BCC from any liabilities for sharing the said information.

In witness whereof, I have here unto affixed my signature and right hand thumb mark this _____ day of _____, _____.

Printed Name	Lagda	PB No.	Right Thumb Mark
Action of the Board	The application of membership was approved/ disapproved by the Board of Directors in its meeting held on _____.		
	BCC MEMBER CODE.: _____		