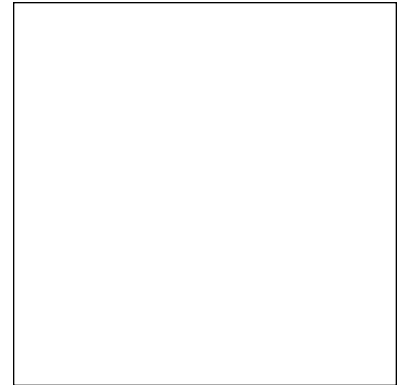




BARANGKA CREDIT COOPERATIVE

A Primary Multi-Purpose Cooperative

APPLICATION FOR ASSOCIATE MEMBERSHIP



Date of Application : _____

Place : _____

Account Classification : ASD ASG BEELAB Account No. _____

PERSONAL INFORMATION

LAST NAME			GIVEN NAME			MIDDLE NAME		
[]	[]	[]	[]	[]	[]	[]	[]	[]
PRESENT ADDRESS						LENGHT OF STAY		TELEPHONE/ MOBILE NO.
Number	Street	Subdivision / Barangay	City / Province		Year ____ Month ____			
HOME OWNERSHIP						NICKNAME/ ALYAS		E-MAIL ADDRESS
<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Free use - Owned by: _____								
PERMANENT ADDRESS						PROVINCIAL ADDRESS		
Number	Street	Subdivision / Barangay	City / Province					
BIRTH DATE (Month/Day/Year)			AGE	PLACE OF BIRTH		GENDER		CITIZENSHIP
						<input type="checkbox"/> Male <input type="checkbox"/> Female		
EDUCATIONAL ATTAINMENT				CIVIL STATUS		MOTHER'S MAIDEN NAME		
<input type="checkbox"/> Post Graduate; <input type="checkbox"/> Highschool Graduate <input type="checkbox"/> College Graduate <input type="checkbox"/> Elementary Graduate <input type="checkbox"/> Vocational Degree <input type="checkbox"/> Atbp.				<input type="checkbox"/> Single <input type="checkbox"/> Married Anniversary Date: _____ <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widow/ Widower				
AFFILIATION/CIVIC ORGANIZATION MEMBERSHIP						TIN No.		SSS/ GSIS No.
Type: _____ Position: _____ Name of Organization: _____								
FOR BEELAB MEMBERS:						PERSON WITH SPECIAL NEEDS (PSN):		
Name of School: _____						<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> YES <input type="checkbox"/> NO		

SPOUSE/ PARENT/ GUARDIAN INFORMATION

NAME

LAST

FIRST

MIDDLE NAME

SOURCE OF INCOME

CONTACT NO.

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.

Member/ Parent/ Guardian Signature (for members below 18 yrs old) Signature Over Printed

1.

2.

3.

SIGNATURE TAKEN & AUTHENTICATED BY:

APPROVED:

Notes: 1. NO ID, NO PASSBOOK, NO WITHDRAWALS
2. Lost passbook must be reported to BCC Authority

3. Withdrawals other than member must have an authorization letter, Minor must be accompanied by parent or guardian when making a withdrawal.