



# One Cooperative Bank (One CB)

## APPLICATION FORM FOR ASSOCIATE MEMBER - INDIVIDUAL

Preferred C  Preferred D  Preferred E

PHOTO  
1 X 1

\*Please complete this form legibly & write N/A in the blank if not applicable.

### PERSONAL INFORMATION

#### COMPLETE NAME

Last Name Given Name Middle Name

#### PRESENT HOME ADDRESS

No. and Street District/Town City/Province Zip Code

#### PERMANENT HOME ADDRESS (same as present address)

No. and Street District/Town City/Province Zip Code

DATE OF BIRTH Month Day Year	PLACE OF BIRTH (Municipality, City/Province)	SEX	CIVIL STATUS
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced

CITIZENSHIP	NATIONALITY <input type="checkbox"/> Filipino <input type="checkbox"/> Other	RESIDENCY TYPE	RESIDENT SINCE
		<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> No. of years in the Phils.	mm yyyy

#### HIGHEST EDUCATIONAL ATTAINMENT

Doctorate  Master's Degree  College Degree  Associate Degree  High School Graduate  Elementary Graduate  No Formal Schooling

SSS/GSIS NUMBER  TAXPAYER'S ID NUMBER (TIN)

### CONTACT INFORMATION

HOME PHONE No/s	OFFICE PHONE No/s	MOBILE PHONE No/s	FAX No/s	E-MAIL ADDRESS
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### SPOUSE/BENEFICIARY INFORMATION

SPOUSE'S NAME Last Name Given Name Middle Name			DATE OF BIRTH Month Day Year	TELEPHONE No/s
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NAME OF BENEFICIARY 1 2 3 Last Name Given Name Middle Name			RELATIONSHIP	TELEPHONE No/s
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#### MOTHER'S FULL MAIDEN NAME

Last Name Given Name Middle Name

### FINANCIAL INFORMATION

NAME OF EMPLOYER or BUSINESS NAME (if Self-employed)	POSITION	DATE EMPLOYED / ESTABLISHED
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EMPLOYER / BUSINESS ADDRESS No. and Street District/Town City/Province Zip Code				EMPLOYMENT STATUS
				<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> OFW <input type="checkbox"/> Housewife <input type="checkbox"/> Others

NATURE OF EMPLOYER'S / YOUR ECONOMIC & BUSINESS ACTIVITY				
<input type="checkbox"/> Agriculture/Fishing/Forestry <input type="checkbox"/> Mining & Quarrying <input type="checkbox"/> Manufacturing	<input type="checkbox"/> Electricity/Gas/Water <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale & Retail	<input type="checkbox"/> Banking <input type="checkbox"/> Education <input type="checkbox"/> Real Estate	<input type="checkbox"/> Consultancy <input type="checkbox"/> Entertainment <input type="checkbox"/> Hotels & Restaurants	<input type="checkbox"/> Government Services <input type="checkbox"/> Transportation <input type="checkbox"/> Others (pls specify)
<input type="checkbox"/> P10,000	<input type="checkbox"/> Remittance from Abroad	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan	
<input type="checkbox"/> P10,001 to 50,000	<input type="checkbox"/> Business <input type="checkbox"/> Commission/Consultancies	<input type="checkbox"/> Checking	<input type="checkbox"/> Credit Card	
<input type="checkbox"/> P50,001 to 100,000	<input type="checkbox"/> Regular Remittance	<input type="checkbox"/> Time Deposit	<input type="checkbox"/> Others	
<input type="checkbox"/> P100,001 and above	<input type="checkbox"/> Others (pls. specify)	<input type="checkbox"/> Trust Fund		

### OTHER INFORMATION

Do you know anybody from One CB?  Yes  No  
If yes, what is your relationship?  Parent  Brother/Sister  Relative  Friend  Other \_\_\_\_\_  
Name of the One Cooperative Bank (One CB) Employee \_\_\_\_\_

### FOR POLITICALLY EXPOSED PERSON (PEP) ONLY

BSP Circular No.706, PEP refers to an individual who is or has been entrusted with prominent public positions in the Philippines or a foreign state, including heads of state or government, senior politicians, senior national or local government, judicial or military officials, senior executives of government or state-owned or -controlled corporations and important political party officials.

NAME OF PEP Last Name Given Name Middle Name	POSITIONS/DUTIES	YEAR OF SERVICE
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PEP RELATIONSHIP WITH THE CLIENT <input type="checkbox"/> Self <input type="checkbox"/> Close Associate	<input type="checkbox"/> Family Member (Spouse/Child/Parent) <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Ultimate Beneficial Owner / Shareholder / Director of the Client
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<b>PROPOSED TOTAL PAID-UP CAPITAL:</b>	<b>NO. OF SHARES:</b>
<b>ACCOUNT IN One CB:</b> <input type="checkbox"/> Savings (type of savings) _____ <input type="checkbox"/> Current (type of current/checking) _____ <input type="checkbox"/> Loan (type of Loan) _____	
Client's Signature Over Printed Name	Date
<p><b>Requirements:</b></p> <ul style="list-style-type: none"> <li>❖ Duly accomplished membership application form</li> <li>❖ Three (3) copies of Subscription Contract</li> <li>❖ Two (2) latest ID pictures (1"x1")</li> <li>❖ Photocopy of two (2) Government valid and unexpired IDs with 3 specimen signatures</li> <li>❖ Certificate of Employment / Income Tax Return (ITR) / other Proof of Income</li> <li>❖ Proof of membership to One CB member-cooperative</li> <li>❖ Paid-up Capital payment of <b>P8,000.00</b> (initial of P2,000 and the remaining balance is payable within 2 years)</li> <li>❖ One Time Membership Fee of <b>P1,000.00</b></li> </ul>	
<p><i>Note: Membership is subject to prior acceptance, through an approval from the BOD of One CB.</i></p>	