



# One Cooperative Bank (One CB)

## APPLICATION FORM FOR ASSOCIATE MEMBER - INDIVIDUAL

PHOTO  
1 X 1

☐ Preferred C    ☐ Preferred D    ☐ Preferred E

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

<b>PERSONAL INFORMATION</b>									
COMPLETE NAME									
Last Name			Given Name				Middle Name		
PRESENT HOME ADDRESS									
No. and Street			District/Town		City/Province			Zip Code	
PERMANENT HOME ADDRESS <input type="checkbox"/> (same as present address)									
No. and Street			District/Town		City/Province			Zip Code	
DATE OF BIRTH		PLACE OF BIRTH		SEX	CIVIL STATUS				
Month    Day    Year		(Municipality, City/Province)		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated				
CITIZENSHIP		NATIONALITY		RESIDENCY TYPE			RESIDENT SINCE		
		<input type="checkbox"/> Filipino <input type="checkbox"/> Other _____		<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> No. of years in the Phils. _____			mm    yyyy		
HIGHEST EDUCATIONAL ATTAINMENT									
<input type="checkbox"/> Doctorate <input type="checkbox"/> Master's Degree <input type="checkbox"/> College Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> High School Graduate <input type="checkbox"/> Elementary Graduate <input type="checkbox"/> No Formal Schooling									
SSS/GSIS NUMBER					TAXPAYER'S ID NUMBER (TIN)				
<b>CONTACT INFORMATION</b>									
HOME PHONE No/s		OFFICE PHONE No/s		MOBILE PHONE No/s		FAX No/s		E-MAIL ADDRESS	
<b>SPOUSE/BENEFICIARY INFORMATION</b>									
SPOUSE'S NAME						DATE OF BIRTH		TELEPHONE No/s	
Last Name    Given Name    Middle Name						Month    Day    Year			
NAME OF BENEFICIARY						RELATIONSHIP		TELEPHONE No/s	
1									
2									
3									
Last Name    Given Name    Middle Name									
MOTHER'S FULL MAIDEN NAME									
Last Name			Given Name				Middle Name		
<b>FINANCIAL INFORMATION</b>									
NAME OF EMPLOYER or BUSINESS NAME (if Self-employed)					POSITION		DATE EMPLOYED / ESTABLISHED		
EMPLOYER / BUSINESS ADDRESS							EMPLOYMENT STATUS		
No. and Street    District/Town    City/Province    Zip Code							<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"/> Electricity/Gas/Water <input type="checkbox"/> Banking <input type="checkbox"/> Consultancy <input type="checkbox"/> Government Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Mining & Quarrying <input type="checkbox"/> Construction <input type="checkbox"/> Education <input type="checkbox"/> Entertainment <input type="checkbox"/> Transportation <input type="checkbox"/> Financial Institution <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale & Retail <input type="checkbox"/> Real Estate <input type="checkbox"/> Hotels & Restaurants <input type="checkbox"/> Others (pls specify) _____									
MONTHLY INCOME		SOURCE OF INCOME			OTHER BANKS PATRONIZED (please specify Bank/Branch)				
<input type="checkbox"/> Below P10,000 <input type="checkbox"/> P10,001 to 50,000 <input type="checkbox"/> P50,001 to 100,000 <input type="checkbox"/> P100,001 and above		<input type="checkbox"/> Salary <input type="checkbox"/> Remittance from Abroad <input type="checkbox"/> Business <input type="checkbox"/> Regular Remittance <input type="checkbox"/> Commission/Consultancies <input type="checkbox"/> Others (pls. specify) _____			<input type="checkbox"/> Savings _____ <input type="checkbox"/> Loan _____ <input type="checkbox"/> Checking _____ <input type="checkbox"/> Credit Card _____ <input type="checkbox"/> Time Deposit _____ <input type="checkbox"/> Others _____ <input type="checkbox"/> Trust Fund _____				
<b>OTHER INFORMATION</b>									
Do you know anybody from One CB? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, what is your relationship? <input type="checkbox"/> Parent <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other _____									
Name of the One Cooperative Bank (One CB) Employee _____									
<b>FOR POLITICALLY EXPOSED PERSON (PEP) ONLY</b>									
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						POSITIONS/DUTIES		YEAR OF SERVICE	
Last Name    Given Name    Middle Name									
PEP RELATIONSHIP WITH THE CLIENT									
<input type="checkbox"/> Self <input type="checkbox"/> Family Member (Spouse/Child/Parent) <input type="checkbox"/> Ultimate Beneficial Owner / Shareholder / Director of the Client <input type="checkbox"/> Close Associate <input type="checkbox"/> Others (please specify) _____									

<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) _____			
<div><div>_____</div><div>Client's Signature Over Printed Name</div></div> <div><div>_____</div><div>Date</div></div>			
Requirements: <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>			
<i>Note: Membership is subject to prior acceptance, through an approval from the BOD of One CB.</i>			