



DCCCO Multipurpose Cooperative

1 MEMBER INFORMATION SHEET

PERSONAL INFORMATION

Prefix * <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Atty. <input type="checkbox"/> Others _____			Suffix <input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Others _____		
Last Name *		First Name *		Middle Name	
Mother's Maiden Name			Nickname *		
Birthdate(mm/dd/yyyy) *		Age *		Birthplace *	
<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Civil Status * <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/> Others _____				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Nationality * <input type="checkbox"/> Filipino <input type="checkbox"/> Others _____			Religion * <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Others _____		
Blood Type *		Weight (kilograms) *		Height (feet & inches) *	
Number of Children		Number of Dependents		Number of Assets Owned	
Social Affiliations					
1) _____		3) _____			
2) _____		4) _____			

ADDRESS and CONTACT INFORMATION

Current Address *			House and Lot Ownership		
Room/Floor/Bldg. Name/No./Street/Purok/Subdivision			House <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Not Mortgaged <input type="checkbox"/> Rented Owner: _____ <input type="checkbox"/> Others _____		
Barangay		City/Municipality			
Province		Years of Residence		Lot <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Not Mortgaged <input type="checkbox"/> Rented Owner: _____ <input type="checkbox"/> Others _____	
Mobile No. : _____		eMail : _____			
Tel No. : _____		Others : _____			
Permanent (Home) Address *			House and Lot Ownership		
Room/Floor/Bldg. Name/No./Street/Purok/Subdivision			House <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Not Mortgaged <input type="checkbox"/> Rented Owner: _____ <input type="checkbox"/> Others _____		
Barangay		City/Municipality			
Province		Years of Residence		Lot <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Not Mortgaged <input type="checkbox"/> Rented Owner: _____ <input type="checkbox"/> Others _____	
Mobile No. : _____		eMail : _____			
Tel No. : _____		Others : _____			
Prepared Mailing Address: <input type="checkbox"/> Current <input type="checkbox"/> Permanent <input type="checkbox"/> Office			Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Local Dialect		

EDUCATIONAL INFORMATION

Highest Educational Attainment: *					
<input type="checkbox"/> Doctoral	<input type="checkbox"/> College Graduate	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Elementary Graduate	<input type="checkbox"/> Out of School	
<input type="checkbox"/> Masteral	<input type="checkbox"/> College Level	<input type="checkbox"/> High School Level	<input type="checkbox"/> Elementary Level	<input type="checkbox"/> Others _____	
Course/Degree	Year Graduated	School			

EMPLOYMENT

Industry/Sector *			
<input type="checkbox"/> Airlines	<input type="checkbox"/> Food & Drugs	<input type="checkbox"/> Lending	<input type="checkbox"/> Utilities (Water, Electricity, Cable, Phone)
<input type="checkbox"/> Agribusiness	<input type="checkbox"/> Food Production	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Motor, Vehicles & Parts
<input type="checkbox"/> Banking & Cooperative	<input type="checkbox"/> Food Services	<input type="checkbox"/> Media	<input type="checkbox"/> Petroleum Refining
<input type="checkbox"/> Beverages	<input type="checkbox"/> General Merchandise	<input type="checkbox"/> Retailers	<input type="checkbox"/> Practitioners
<input type="checkbox"/> BPO's (Call Center)	<input type="checkbox"/> Government	<input type="checkbox"/> Religious	<input type="checkbox"/> Web & Social Media
<input type="checkbox"/> Education	<input type="checkbox"/> Hospital & Medical Centers	<input type="checkbox"/> Restuarants	<input type="checkbox"/> Security
<input type="checkbox"/> Electronics/Electrical	<input type="checkbox"/> Hotels and Resorts	<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Self-employed/Entrepreneurs
<input type="checkbox"/> Energy	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Tabacco	<input type="checkbox"/> Others _____
Employer/Company Name *		Address *	
		Room/Floor/Bldg. Name/No./Street/Purok/Subdivision	
		Barangay	
Employer Type *		City/Municipality	
<input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Others _____		Province	
		TIN #: *	
		Tel No. :	
		Fax No. :	

MEMBER INFORMATION SHEET

Occupation *

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Driver | <input type="checkbox"/> Lawyer | <input type="checkbox"/> Pump Attendant |
| <input type="checkbox"/> Ambulant Vendor | <input type="checkbox"/> Doctor | <input type="checkbox"/> Laundrywoman | <input type="checkbox"/> Sales Representative |
| <input type="checkbox"/> Agent | <input type="checkbox"/> Engineer | <input type="checkbox"/> Manager | <input type="checkbox"/> Seaman / Seafarer |
| <input type="checkbox"/> Baker | <input type="checkbox"/> Entrepreneur | <input type="checkbox"/> Merchandiser | <input type="checkbox"/> Security Guard |
| <input type="checkbox"/> Banker | <input type="checkbox"/> Farmer | <input type="checkbox"/> Nun | <input type="checkbox"/> Soldier |
| <input type="checkbox"/> Clerk | <input type="checkbox"/> Fireman | <input type="checkbox"/> Nurse | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Collector | <input type="checkbox"/> Fisherman | <input type="checkbox"/> Office Worker | <input type="checkbox"/> Technician |
| <input type="checkbox"/> Construction Worker | <input type="checkbox"/> Housewife | <input type="checkbox"/> Policeman | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Crew | <input type="checkbox"/> Instructor | <input type="checkbox"/> Priest / Pastor | <input type="checkbox"/> Vendor _____ |
| <input type="checkbox"/> Dress Maker | <input type="checkbox"/> I. T. | <input type="checkbox"/> Programmer | <input type="checkbox"/> Others _____ |

Employee ID #	Position	Employment Status *	
		<input type="checkbox"/> Regular	<input type="checkbox"/> Project Based
		<input type="checkbox"/> Contractual	<input type="checkbox"/> Probationary
		<input type="checkbox"/> Job Order	<input type="checkbox"/> Others _____
Date Employed	Years of Service	Date Resigned	Date Retired
From _____ To _____			
Annual Salary (PhP) *	Mode of Salary		
	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Project-Based <input type="checkbox"/> Others _____		

BUSINESS INFORMATION (if applicable)

Business Name *	Nature of Business	
	<input type="checkbox"/> Agency	<input type="checkbox"/> Hotel
Years in Business	<input type="checkbox"/> Ambulant	<input type="checkbox"/> Laundry Shop
	<input type="checkbox"/> Appliances	<input type="checkbox"/> Lending
Annual Income (PhP) *	<input type="checkbox"/> Autoparts	<input type="checkbox"/> Lessor
Other Income (PhP)	<input type="checkbox"/> Bakery	<input type="checkbox"/> Meat Shop
	<input type="checkbox"/> Bank	<input type="checkbox"/> Medical / Dental / Hospital
Proof of Business Identity *	<input type="checkbox"/> Bar	<input type="checkbox"/> Pawnshop
<input type="checkbox"/> TIN #: _____ <input type="checkbox"/> SSS #: _____ <input type="checkbox"/> Others: _____	<input type="checkbox"/> Cafe (internet, coffee)	<input type="checkbox"/> Piggery
Address and Contact No.	<input type="checkbox"/> Catering	<input type="checkbox"/> Printing Shop
Room/Floor/Bldg. Name/No./Street/Purok/Subdivision	<input type="checkbox"/> Computer Related	<input type="checkbox"/> Resorts / Restaurant
Barangay	<input type="checkbox"/> Developer	<input type="checkbox"/> Salon
City/Municipality	<input type="checkbox"/> Dress Shop	<input type="checkbox"/> Sari-Sari Store
Province	<input type="checkbox"/> Drugs Store	<input type="checkbox"/> Service
Tel No. :	<input type="checkbox"/> Eatery	<input type="checkbox"/> Wholesale / Retailer
Fax No. :	<input type="checkbox"/> Food Processor	<input type="checkbox"/> Others _____

Form of Business	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Others _____
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PROOF OF IDENTITY (at least two) *

<input type="checkbox"/> SSS #: _____	<input type="checkbox"/> Driver's License #: _____	Expiry Date _____
<input type="checkbox"/> GSIS #: _____	<input type="checkbox"/> Passport #: _____	Expiry Date _____
<input type="checkbox"/> TIN #: _____	<input type="checkbox"/> NBI #: _____	Expiry Date _____
<input type="checkbox"/> PhilHealth #: _____	<input type="checkbox"/> PRC #: _____	Expiry Date _____
<input type="checkbox"/> Others : _____	<input type="checkbox"/> Others: _____	Expiry Date _____

PARENTS INFORMATION

Father			Address *	
Last Name *	First Name *	Middle Name	Room/Floor/Bldg. Name/No./Street/Purok/Subdivision	Barangay
			City/Municipality	Province
Mother			Address *	
Last Name *	First Name *	Middle Name	Room/Floor/Bldg. Name/No./Street/Purok/Subdivision	Barangay
			City/Municipality	Province
			Tel No. :	Mobile No.:

SPOUSE INFORMATION

Prefix		Suffix	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Atty. <input type="checkbox"/> Others _____	<input type="checkbox"/> Sr. <input type="checkbox"/> Jr. <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Others _____		
Last Name		First Name	
Birthdate (mm/dd/yyyy)	Age	Address	
		Room/Floor/Bldg. Name/No./Street/Purok/Subdivision	
		Barangay	
Name of Father-in-Law		City/Municipality	
Name of Mother-in-Law		Province	
		Tel No. :	Mobile No.:
Employment / Business Name *		Nature of Business	Years of Employment / Business
Employment / Business Address and Contact Info		Employment Status	
Room/Floor/Bldg. Name/No./Street/Purok/Subdivision		<input type="checkbox"/> Regular <input type="checkbox"/> Project Based	
Barangay		<input type="checkbox"/> Casual <input type="checkbox"/> Contractual	
City/Municipality		<input type="checkbox"/> Probationary <input type="checkbox"/> Seasonal	
Province		<input type="checkbox"/> Job Order <input type="checkbox"/> Others _____	
Tel No. :		Mobile No.:	

MEMBER INFORMATION SHEET

Annual Salary (PhP) *
Mode of Salary *
 Daily Weekly Monthly Semi-Monthly Project-Based Others _____

Industry/Sector

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Airlines
<input type="checkbox"/> Agribusiness
<input type="checkbox"/> Banking & Cooperative
<input type="checkbox"/> Beverages
<input type="checkbox"/> BPO's (Call Center)
<input type="checkbox"/> Education
<input type="checkbox"/> Electronics/Electrical
<input type="checkbox"/> Energy | <input type="checkbox"/> Food & Drugs
<input type="checkbox"/> Food Production
<input type="checkbox"/> Food Services
<input type="checkbox"/> General Merchandise
<input type="checkbox"/> Government
<input type="checkbox"/> Hospital & Medical Centers
<input type="checkbox"/> Hotels and Resorts
<input type="checkbox"/> Information Technology | <input type="checkbox"/> Lending
<input type="checkbox"/> Manufacturer
<input type="checkbox"/> Media
<input type="checkbox"/> Retailers
<input type="checkbox"/> Religious
<input type="checkbox"/> Restaurants
<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Tobacco | <input type="checkbox"/> Utilities (Water, Electricity, Cable,
<input type="checkbox"/> Motor, Vehicles & Parts
<input type="checkbox"/> Petroleum Refining
<input type="checkbox"/> Practitioners
<input type="checkbox"/> Web & Social Media
<input type="checkbox"/> Security
<input type="checkbox"/> Self-employed/Entrepreneurs
<input type="checkbox"/> Others _____ |
|--|---|--|--|

Occupation

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Accountant
<input type="checkbox"/> Ambulant Vendor
<input type="checkbox"/> Agent
<input type="checkbox"/> Baker
<input type="checkbox"/> Banker
<input type="checkbox"/> Clerk
<input type="checkbox"/> Collector
<input type="checkbox"/> Construction Worker
<input type="checkbox"/> Crew
<input type="checkbox"/> Dress Maker | <input type="checkbox"/> Driver
<input type="checkbox"/> Doctor
<input type="checkbox"/> Engineer
<input type="checkbox"/> Entrepreneur
<input type="checkbox"/> Farmer
<input type="checkbox"/> Fireman
<input type="checkbox"/> Fisherman
<input type="checkbox"/> Housewife
<input type="checkbox"/> Instructor
<input type="checkbox"/> I. T. | <input type="checkbox"/> Lawyer
<input type="checkbox"/> Laundrywoman
<input type="checkbox"/> Manager
<input type="checkbox"/> Merchandiser
<input type="checkbox"/> Nun
<input type="checkbox"/> Nurse
<input type="checkbox"/> Office Worker
<input type="checkbox"/> Policeman
<input type="checkbox"/> Priest / Pastor
<input type="checkbox"/> Programmer | <input type="checkbox"/> Pump Attendant
<input type="checkbox"/> Sales Representative
<input type="checkbox"/> Seaman / Seafarer
<input type="checkbox"/> Security Guard
<input type="checkbox"/> Soldier _____
<input type="checkbox"/> Teacher
<input type="checkbox"/> Technician
<input type="checkbox"/> Utility
<input type="checkbox"/> Vendor _____
<input type="checkbox"/> Others _____ |
|---|--|--|--|

CHILDREN INFORMATION *

NAME	GENDER F-Female M-Male	Birthdate (mm/dd/yyyy)	Address and Contact No.
1.			
2.			
3.			
4.			
5.			
6.			

BENEFICIARIES (DAMAYAN)

NAME	GENDER Male/Female	Birthdate (mm/dd/yyyy)	Relationship	Address and Contact No.
1.				
2.				
3.				
4.				
5.				
6.				

FAMILY MEMBERS / RELATIVES WHO ARE MEMBERS OF DCCCO

NAME	Relationship	Address and Contact No.
1.		
2.		
3.		
4.		
5.		

ASSETS INFORMATION *

1.
2.
3.
4.
5.

BANK ACCOUNTS INFORMATION *

BANK NAME	ACCOUNT TYPE
1.	
2.	
3.	
4.	
5.	

MEMBER INFORMATION SHEET

SKETCH OF THE ROUTE TO THE RESIDENCE
(Indicate the Landmark as Guide)

I hereby certify that all the statements above are true and correct to the best of my knowledge and ability. Further, I acknowledge and authorize the following: 1) 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) Sharing of my basic credit data with other lenders authorized by the CIC, and credit reporting agencies duly accredited by the CIC.

Signature over Printed Name

Date Submitted

To be filled-up by DCCCO:

Reviewed and Received By: _____
Signature over Printed Name

Remarks: _____