



BUGEMCO
BUKIDNON GOVERNMENT EMPLOYEES MULTI-PURPOSE COOPERATIVE
CM Recto-Propia Sts., Malaybalay City
Tel. No. 088-813-0751
Email add: bugemco@gmail.com



CID No. _____
OR No. _____

1x1 photo

MEMBER’S DATA SHEET

☐ NEW MEMBER ☐ UPDATE RECORD MEMBERSHIP: ☐ REGULAR ☐ ASSOCIATE ☐ Mr. ☐ Ms. ☐ Mrs.

(Please fill in the NAME and the fields that need to be corrected in case the existing record is only to be updated)

LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	CONTACT NUMBER
BIRTHDATE (mm/dd/yyyy)	AGE	BIRTHPLACE (Municipality/City /Province, Country)		NATIONALITY	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED	
PREVIOUS LAST NAME (whether it changed due to marriage, court order, etc.)		SPOUSE’S LAST NAME		FIRST NAME	MIDDLE NAME		
BENEFICIARIES: Primary 1. _____ Secondary 2. _____ Contingent 3. _____		LAST NAME		FIRST NAME	MIDDLE NAME	RELATIONSHIP	
(Use another sheet if necessary)							
PERMANENT <input type="checkbox"/> CURRENT <input type="checkbox"/>	COMPLETE HOME ADDRESS			ZIP CODE	RESIDENCE IS <input type="checkbox"/> LIVING WITH PARENT <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED	OCCUPIED SINCE (MM/YYYY)	
TIN _____		RELIGION/AFFILIATION <input type="checkbox"/> Christian (please specify) _____ <input type="checkbox"/> Islam <input type="checkbox"/> Others (please specify) _____ <input type="checkbox"/> Buddhism					
VALID I.D PRESENTED _____		I.D NO. _____					
HIGHEST EDUCATIONAL ATTAINMENT <input type="checkbox"/> Elementary <input type="checkbox"/> Junior High School <input type="checkbox"/> Senior High School <input type="checkbox"/> Vocational <input type="checkbox"/> College <input type="checkbox"/> Graduate School							
EMPLOYER’S/BUSINESS NAME						OFFICE PHONE NUMBER	
EMPLOYMENT/ BUSINESS DATA		<input type="checkbox"/> Gov’t (Regular) <input type="checkbox"/> Gov’t (Job Order) <input type="checkbox"/> Private (Prob) <input type="checkbox"/> Entrepreneur <input type="checkbox"/> Prof. Practitioner <input type="checkbox"/> Student <input type="checkbox"/> Gov’t (Casual) <input type="checkbox"/> Private (Regular) <input type="checkbox"/> OFW <input type="checkbox"/> Pensioner <input type="checkbox"/> Self Employed <input type="checkbox"/> Others (Specify) _____					
EMPLOYER’S/BUSINESS COMPLETE ADDRESS				ZIP CODE	NO. OF YEARS EMPLOYED	NO. OF YEARS IN BUSINESS	
GROSS MONTHLY INCOME <input type="checkbox"/> < ₱ 10,000.00 <input type="checkbox"/> ₱ 10,000.00 – ₱ 19,999.00 <input type="checkbox"/> ₱ 20,000.00 – ₱ 39,999.00 <input type="checkbox"/> ₱ 40,000.00 – ₱ 59,999.00 <input type="checkbox"/> ₱ 60,000.00 – ₱ 99,999.00 <input type="checkbox"/> ABOVE ₱ 100,000.00		SOURCES OF INCOME <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Investment <input type="checkbox"/> Regular Remittance/ Allotment <input type="checkbox"/> Pension <input type="checkbox"/> Others pls. specify _____					
MOTHER’S MAIDEN NAME (Pangalan sa dalaga pa) LAST NAME FIRST NAME MIDDLE NAME			FATHER’S NAME LAST NAME FIRST NAME MIDDLE NAME				
DECLARATION AND SPECIMEN SIGNATURE 1. I, whose specimen signature appears below, confirm that all the information disclosed in this member information sheet is correct and complete. Any changes in the foregoing information shall be communicated to BUGEMCO. 2. I hereby acknowledge and authorize The Cooperative to: a. regularly submit and disclose my basic credit data (as defined under RA 9510 and its Implementing Rules and Regulations) to the Credit Information Corporation (CIC) as well as any updates or corrections thereof. b. share my basic credit data with other lenders and credit reporting agencies duly authorized by the CIC. _____ Signature over printed name							

I agree to the following membership terms and conditions:

1. Attend the Pre-Membership Education Seminar (PMES).
2. Pay the membership fee in the amount of ₱ 200.00, which can only be refunded once my application for membership is denied.
3. Subscribe at least one hundred (100) common shares valued at ₱ 50.00 each and pay the value of at least fifty (50) shares upon my membership application. The unpaid subscription will be paid within six months from date of my membership.
4. Deposit an initial amount of ₱ 500.00 for my regular savings account.
5. Pay the life insurance in the amount of ₱ 260.00 for a ₱ 20,000.00 coverage for a one year period commencing on the date of my membership approval.
6. Uphold to participate in the capital build-up and savings mobilization activities of BUGEMCO.
7. Patronize BUGEMCO’s businesses and credit services and pay my financial obligations within the prescribed period.
8. Participate in the membership engagement and empowerment programs.
9. Attend and participate in the deliberation of all matters taken during ownership and general assembly meetings.
10. Observe and obey all lawful orders, decisions, rules and regulations adopted by the Board of Directors and the general assembly; and
11. Promote the goals and objectives of BUGEMCO, the success of its operation, the welfare of its members and the cooperative movement in general.

In witness hereof, I hereunto affix my signature on this _____ day of _____, 20__.

Signature over printed name

PMES Date: _____ Conducted by: _____
Invited by: _____

APPROVED by:

Branch Manager

Board Confirmation Date: _____

Signature verified by: _____ Signature over printed name	Encoded by: _____ Signature over printed name	Checked by: _____ Signature over printed name
----------------------------------------------------------------	-----------------------------------------------------	-----------------------------------------------------



BUKIDNON GOVERNMENT EMPLOYEES MPC
(BUGEMCO)


Our future, today.

“Makes Life Better”

SPECIMEN SIGNATURE CARD

1x1

Recent ID
Picture

Name: _____

Address: _____

Birthday: _____ Contact No: _____

Signature	Initial



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Certificate of Completion

This is to certify that

has successfully completed the Pre-Membership Education Seminar (PMES) held on _____ at BUGEMCO _____ Branch Office.

Account Service Associate (ASA)

Branch Manager



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DATA PRIVACY CONSENT FORM

In compliance with the Data Privacy Act of 2012, its Implementing Rules and Regulations (IRR), National Privacy Commission (NPC) Circulars, and the Data Privacy Policy promulgated by Bukidnon Government Employees Multi-Purpose Cooperative (BUGEMCO), I/We authorize BUGEMCO and its instrumentalities on the collection and processing for general use and sharing of information obtained from me/us in the course of dealings with the cooperative, to allow the cooperative to offer services and products, to allow the cooperative assess capacity and suitability for the products, and services it offers, to enforce contracts and legal obligations and to comply with the reporting obligations under applicable laws, rules, regulations and contracts. These information include Personal or Sensitive Personal Information. Such information shall be used solely for the purpose declared in this consent form.

I/we consent that my/our information may continue to be collected, processed, stored and shared for five (5) years from the date of last transaction or termination of my dealings with the cooperative and any legal mandate that requires for the retention of information longer or shorter than the policy of the cooperative whichever is applicable.

I/we hereby acknowledge that I/we am/are aware of my/our rights: (a) to be informed whether information and/or Personal Data are being processed or has been processed; (b) to require the cooperative to rectify any Information and/or Personal Data relating to me/us which is/are inaccurate; (c) to object, suspend, withdraw my consent or order blocking to the processing of the information and/or personal data provided there is no other legal ground or overriding legitimate interest for the processing thereof; (d) to reasonable access to the Information and/or Personal Data; (e) to data portability; (f) to damages for wrongful or unauthorized processing of Information or Personal Data; and (g) to file a complaint subject, however, to the conditions for the legitimate exercise of the said rights under the Data Privacy Act of 2012, its IRR, NPC Circulars and to the right of the cooperative to terminate the product and/or service availed by me/us should I/we withdraw my/our consent or request the removal of my/our information and/or Personal Data.

I/We agree further, to hold the cooperative and the persons or entities from whom it may obtain or whom it may disclose or verify my/our Information and/or Personal Data free from any liability arising from the use of any such information.

Signature over Printed Name



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Date: _____

I hereby authorized _____,
Credit and Background Investigator of **BUGEMCO** to
conduct a credit and or background investigation to
determine the veracity and correctness of the information I
have given and to check on my credit worthiness. I further
agree that any false information or misrepresentation that
will be discovered will automatically cause the disapproval
of my credit application in the cooperative.

Signature over printed name

Office File



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CIBI Copy



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