



**LOAN PAYMENT PROTECTION INSURANCE (LPPI) INDIVIDUAL APPLICATION**

Purpose of Loan		Amount of Insurance/Loan Granted	Premium Due
Effectivity Date	Expiry Date	Term of Insurance/Loan (Month/s)	Status <input type="checkbox"/> New <input type="checkbox"/> Renewal

**GENERAL DATA**

Policyholder (Creditor)	Name of Cooperative/Bank/ Association			Contact No. of Coop
Name of Insured (Debtor)	Last Name	First Name	Middle Name	
Date of Birth (mm/dd/yyyy)	Age	Place of Birth	SSS No.	TIN
Home Address			Mobile No.	Telephone No.
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	If married, name of legal spouse (full name)	Height ___ feet ___ inches	Weight ___ pounds or ___ kilos
Occupation (Current Job)	Name of Employer	Work Address	Telephone No.	

**BENEFICIARY/IES**

Name	Age	Relationship	Contact No.

**HEALTH DECLARATION**

\* Please use back page for additional details of your answer. (Magpahing gamitin ang likod ng pahina para sa mga detalye ng iyang mga sagot)

1. Are you now in good health and free from any kind of disease? (Ikaw ba ay nasihi mabuting kalusugan ngayon at walang anumang karamdaman?)	( ) YES	( ) NO
2. Can you perform the activities of daily living such as feeding, toileting, mobility, bathing, dressing etc.? (Kaya mo bang kumain, magbanya, maglakat, maligo, magbihis, arba?)	( ) YES	( ) NO
3. Have you ever consulted a physician for a health condition such as high blood pressure, diabetes, malignancies, lung ailments, heart ailments, etc.? If "Yes", kindly give details on the space provided such as kind of illness/disease(diagnosis), name of doctor & hospital, medicine taken, date of operation, results, doctor's recommendation, etc. (Ikaw ba ay kumunsulta ng sa isang doktor ukol sa kalagayan ng iyong katawan tulad ng pagtaos ng presyon, diabetes, tumor, sakit sa baba, sakit sa puso atbp? Kung "Do", magbigay ng impormasyon tulad ng uri/pangalan ng sakit, pangalan ng doktor at ospital, petsa ng operasyon, resulta, rekomendasyon ng doktor at iba pa.)	( ) YES	( ) NO
4. Have you ever been hospitalized or had any minor/ major surgery in the last five years? If "Yes", kindly give details on the space provided such as name of doctor and hospital, date of operation or hospitalization, medicine taken, doctor's recommendations, results, etc. (Ikaw ba ay naospital o naoperahan sa loob ng nakaraang limang taon? Kung "Do", magbigay ng impormasyon tulad ng dahilan ng pagkakaospital, klase ng operasyon, pangalan ng doktor at ospital, petsa ng operasyon o pagkakaospital, gamot na ininam, rekomendasyon ng doktor, resulta at iba pa.)	( ) YES	( ) NO

I hereby certify that all the foregoing answers and statements are true and correct. I agree that upon signing this document, this shall be the basis of the issuance of insurance under the above policy and that the Cooperative Insurance System of the Philippines shall not be liable for any claim on account of illness, injury or death which was known to the insured but was not declared in the above statement.

**AUTHORIZATION TO FURNISH MEDICAL INFORMATION**

I hereby authorize any person, organization, or entity that has record or knowledge of my health condition to give to Cooperative Insurance System of the Philippines any and all information relative to any hospitalization, consultation, treatment or any other medical advice or examination. This authorization is in connection with the application for insurance and all claims arising therefrom. A photocopy of this authorization shall be valid as original.

**DISCLOSURE**

In accordance with the Insurance Commission's Circular Letter No. 2016-54, your medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud. Once uploaded, all life insurance companies will have limited access to your information in order to protect your right to privacy assurance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website of [www.insurance.gov.ph](http://www.insurance.gov.ph).

Date (mm/dd/yyyy)  
CISP HEAD OFFICE COPY

Signature Over Printed Name of Proposed Insured

THUMBPRINT  
\*In case of Illiterate Applicant

Signature Over Printed Name of Policyholder's Authorized Officer  
UND LPPI FORM Series of 20

## KOOP KING MULTI-PURPOSE COOPERATIVE CAPITAL SUBSCRIPTION AGREEMENT

That I, \_\_\_\_\_, of legal age, Filipino, and a resident of \_\_\_\_\_, Philippines, do hereby voluntarily attest and declare:

1. That I have voluntarily manifested my intention to be admitted as a member of KOOP KING MULTI-PURPOSE COOPERATIVE (Koop King MPC), a non-agricultural multi-purpose cooperative organized and existing under Philippine laws, registered pursuant to Republic Act No. 9520, otherwise known as the Philippine Cooperative Code of 2008, under Cooperative Development Authority (CDA) Registration No. J-622-2813 dated 26 January 2001, with Head Office address at KoopKing Building No. 5, East Service Road, AFPOVAI Western Bicutan, Taguig City, Philippines, by complying with the minimum requirements of membership and submitting all documentary requirements, among others, thereto;

2. That Koop King MPC has made known and explained fully my rights and obligations of membership in this cooperative as provided by the amended Koop King MPC Articles of Cooperation and By-Laws in relation to Republic Act No. 9520, or the Philippine Cooperative Code of 2008;

3. That one of my obligations as a member in Koop King MPC is my faithful contribution and/or payment for the minimum subscribed capital amounting to *Five Hundred Pesos (P500.00) or Five (5) shares* upon submission of application for membership in Koop King MPC on the basis of), Section 5, Article II of the amended Koop King MPC Bylaws entitled: "Membership;"

5. That I also undertake to comply with the mandate on *Koop King MPC continuous capital build-up program not to exceed to more than ten percent (10%) of the total subscribed share capital of the Cooperative* as provided by Section 2, Article VI entitled: "*Capital Structure*" of amended Koop King MPC Bylaws, more particularly on the approved Capital Build-Up Program with the following scheme:

- a. At least two per centum (2%) of his/her monthly income;
- b. At least five per centum (5%) of his/her loan granted him; and
- c. At least fifty per centum (50%) on his/her annual dividend on capital and patronage refund.

7. That I fully understand to pay the said minimum subscribed share capital in the amount of P500.00 upon membership and to continuously invest in the share capital build up program of Koop King Multi-purpose Cooperative.

IN WITNESS WHEREOF, I have hereunto affixed my signature this \_\_\_\_ day of \_\_\_\_\_, 201\_ at Taguig City, Philippines.

\_\_\_\_\_  
(Printed name and Signature)

Please do not fill below this line

No. Of Shares Paid	
Amount Paid	
No. of Shares Subscribed	
Amount of Shares Subscribed	
Balance	

Checked by:

Date

\_\_\_\_\_

\_\_\_\_\_



**KOOP KING MULTI-PURPOSE COOPERATIVE**  
*"Your Happiness: Our Business!"*

KoopKing Building N5, East Service Road,  
 AFPOVAL Western Bicutan, Taguig City

Telephone No: 296-8504.  
 Mobile No: 0917-312-9000  
 Website: www.koopkingmpc.com.ph  
 Facebook: www.facebook.com/kkmpc  
 Email add: koopkingcooperative@yahoo.com  
 koopkingcooperative@gmail.com

**LOAN APPLICATION**

PN No. \_\_\_\_\_

**1. BORROWER'S DATA**

FULL NAME (Last Name, First Name, Middle Name)		Rank	AFPSN / MEM. NO.	BR OF SERVICE	RETIREMENT DATE
PRESENT OCCUPATION / OFFICE / UNIT ASSIGNMENT AND ADDRESS			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	DATE OF BIRTH (dd/mm/yyyy) ____/____/____
CITY HOME ADDRESS			CONTACT NUMBER/S: MOBILE		
PERMANENT HOME ADDRESS			OFFICE / UNIT		
SOURCE OF INCOME: REGULAR _____ OTHERS: _____			HOME		
NAME OF SPOUSE / PRIMARY DEPENDENT (Last Name, First Name, Middle Name)				CONTACT NUMBER/S	

**2. LOAN INFORMATION**

DATE OF APPLICATION	PURPOSE OF LOAN	CLASSIFICATION OF LOAN: New _____ Renewal _____ Buy-out _____ Others (Please specify) : _____
MODE OF PAYMENT <input type="checkbox"/> Salary Deduction <input type="checkbox"/> Pension Deduction <input type="checkbox"/> Personal Payment <input type="checkbox"/> PDC	TYPE OF LOAN <input type="checkbox"/> Consumption <input type="checkbox"/> Back-to-Back Loan <input type="checkbox"/> Livelihood <input type="checkbox"/> Others (Please specify) : _____	DEDUCTION CODE (Koop King MPC use only)
<input type="checkbox"/> Others (Please specify) : _____	<input type="checkbox"/> Real Estate Loan <input type="checkbox"/> Car Loan	Monthly Amortization : P _____ Term : _____ Months
GROSS LOAN (Amount in Words)	(Amount in Figure)	

**3. CERTIFICATION OF BORROWER**

I hereby declare under oath that the above information data is complete, true, and correct. I further agree that if there be any fraud or misrepresentation in my statements, Koop King Multi-Purpose Cooperative shall have the right to take any appropriate legal action. Moreover, I hereby certify under oath that my salary/pension is more than sufficient to cover my said loan amortization. In the event my salary/pension is not sufficient to cover the amortization payment and/or full payment, I hereby give and grant Koop King Multi-Purpose Cooperative full power and authority to collect and deduct from my present and/or future salary/pension, retirement, other AFP benefits, investment, deposits, and other present and future assets and other income with Koop King Multi-Purpose Cooperative and/or other financial institution/entrepreneurs, with authority to sell and/or encumber to any third person and/or company/ies, any properties (real or personal) that may come to the knowledge and/or possession of Koop King Multi-Purpose Cooperative to satisfy and/or cover the payment of my loan. Finally, I further authorize the \_\_\_\_\_ and/or the concern disbursing office to deduct from my salary/pension/other income as identified by the undersigned borrower and/or Koop King Multi-Purpose Cooperative until my obligation is fully paid and that if not deducted, I hereby promise to directly remit the amount due on the loan.

\_\_\_\_\_  
 RANK/ NAME/ AFSN (CO-MAKER)  
 (Signature over Printed Name)  
 I.D. NO. \_\_\_\_\_

\_\_\_\_\_  
 RANK/ NAME/ AFSN (PRINCIPAL BORROWER)  
 (Signature over Printed Name)  
 I.D. NO. \_\_\_\_\_

\_\_\_\_\_  
 RANK/ NAME/ AFSN (CO-MAKER)  
 (Signature over Printed Name)  
 I.D. NO. \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, affiant exhibited to me his Community Tax No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.

Doc No. \_\_\_\_\_  
 Page No. \_\_\_\_\_  
 Book No. \_\_\_\_\_  
 Series of \_\_\_\_\_

\_\_\_\_\_  
 Notary Public  
 Until 31 December 20\_\_\_\_

**4. CERTIFICATION OF DISBURSING OFFICER**

Respectfully forwarded with the information that the applicant/principal borrower is under my paying jurisdiction and that the amount stipulated above as scheduled can be sufficiently deducted from his/her pay and that the same will be remitted to the Koop King Multi-Purpose Cooperative.

\_\_\_\_\_  
 DISBURSING OFFICER (Signature over Printed name)

**5. CERTIFICATION OF PROVOST MARSHAL**

This is certify that the above named borrower has no pending case filed with or by this office against subject borrower. This certification is being issued upon request of subject individual in connection with his/her application for loan with Koop King Multi-Purpose Cooperative.

\_\_\_\_\_  
 PROVOST MARSHAL (Signature over Printed Name)

**6. NOTIFICATION CLAUSE**

I hereby acknowledge and authorize Koop King MPC for the following: 1) the regular submission and disclosure of my basic credit data (as defined under Republic Act No. 9510 and its Implementing Rules and Regulations) to the Credit Information Corporation (CIC) as well as any updates or corrections thereof; and 2) the sharing of my basic credit data with other lenders authorized by the CIC, and credit reporting agencies duly accredited by the CIC.

\_\_\_\_\_  
 RANK/ NAME/ AFSN (PRINCIPAL BORROWER)  
 (Signature over Printed Name)

**7. RECOMMENDATION**

APPROVAL / DISAPPROVAL

APPROVED / DISAPPROVED

\_\_\_\_\_  
 Committee Chair/Member for Credit & Collection /  
 Duly authorized representative by the Committee

\_\_\_\_\_  
 General Manager

**8. REMARKS:**

\_\_\_\_\_



**KOOP KING MULTI-PURPOSE COOPERATIVE**  
*"Your Happiness: Our Business!"*

KoopKing Building N5, East Service Road,  
 AFPOVAI Western Bicutan, Taguig City

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 Website: www.koopkingmpc.com.ph  
 Facebook: www.facebook.com/kkmpc  
 Email add: koopkingcooperative@yahoo.com  
 koopkingcooperative@gmail.com

PICTURE HERE (2x2)

**MEMBERSHIP APPLICATION FORM**

Please fill-out this form completely and legibly. Print all entries in CAPITAL LETTERS. Write "N/A" if Not Applicable.

**I. MEMBER'S INFORMATION**

TITLE  LAST NAME

FIRST NAME

MIDDLE NAME

PREVIOUS MIDDLE NAME   
 (For married women)

SUFFIX  ALIAS  NICKNAME

NATIONALITY  AGE  DATE OF BIRTH (mm-dd-yyyy)  -  -

PLACE OF BIRTH (Street, City/Municipality, Province)

COUNTRY OF BIRTH  RESIDENT (Pls. check)  YES  NO

GENDER  MALE  FEMALE CIVIL STATUS  SINGLE  MARRIED  WIDOW/ER  SEPARATED

NUMBER OF DEPENDENTS  NUMBER OF CARS OWNED  HEIGHT (cm)  WEIGHT (kg)

BLOOD TYPE  BLOOD PRESSURE  HIGHEST EDUCATIONAL ATTAINMENT  RELIGION

**II. SPOUSE INFORMATION (If married, please provide details of your spouse)**

TITLE  LAST NAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH (mm-dd-yyyy)  -  -  DATE OF MARRIAGE (mm-dd-yyyy)  -  -

**III. DEPENDENT'S INFORMATION**

NO. OF CHILDREN

	DEPENDENT'S NAME	BIRTHDATE	GENDER		DEPENDENT'S NAME	BIRTHDATE	GENDER
1				7			
2				8			
3				9			
4				10			
5				11			
6				12			

**IV. MOTHER'S INFORMATION (MAIDEN)**

TITLE  LAST NAME

FIRST NAME

MIDDLE NAME

**V. FATHER'S INFORMATION**

TITLE

LAST NAME

FIRST NAME

MIDDLE NAME

**VI. IDENTIFICATION CODE**

TAXPAYERS IDENTIFICATION NO.

LAST UPDATE DATE  
(mm-dd-yyyy)

SSS / GSIS NO.

LAST UPDATE DATE  
(mm-dd-yyyy)

CRN / UMID

LAST UPDATE DATE  
(mm-dd-yyyy)

**VII. ID TYPE**

DRIVER'S LICENSE

 YES  NO

*If YES, please specify:*

ID NO.

ID ISSUE DATE  
(mm-dd-yyyy)

ID ISSUE COUNTRY

ID EXPIRY DATE  
(mm-dd-yyyy)

ID ISSUE COUNTRY

LAST UPDATE DATE  
(mm-dd-yyyy)

VIN (Other Valid Identification Number)

 YES  NO*If YES, please specify:*ID TYPE/ID NO. 

ID ISSUE DATE

(mm-dd-yyyy)

ID EXPIRY DATE

(mm-dd-yyyy)

LAST UPDATE DATE

(mm-dd-yyyy)

**VIII. ADDRESSES****RESIDENTIAL  
HOME ADDRESS**

UNIT/ROOM/FLOOR/HOUSE NO.

BLDG. NAME

LOT NO., BLOCK NO., PHASE NO.

STREET NO./STREET NAME/SUBDIVISION

PUROK/BRGY/ZONE

CITY/MUNICIPALITY

PROVINCE

ZIP CODE

REGION

COUNTRY

 OWNED RENTEDOCCUPIED SINCE  
(mm-dd-yyyy)LAST UPDATE DATE  
(mm-dd-yyyy)**PERMANENT  
HOME ADDRESS**

UNIT/ROOM/FLOOR/HOUSE NO.

BLDG. NAME

LOT NO., BLOCK NO., PHASE NO.

STREET NO./STREET NAME/SUBDIVISION

PUROK/BRGY/ZONE

CITY/MUNICIPALITY

PROVINCE

ZIP CODE

REGION

COUNTRY

 OWNED RENTEDOCCUPIED SINCE  
(mm-dd-yyyy)LAST UPDATE DATE  
(mm-dd-yyyy)**ADDITIONAL  
ADDRESS -  
MAILING**

UNIT/ROOM/FLOOR/HOUSE NO.

BLDG. NAME

LOT NO., BLOCK NO., PHASE NO.

STREET NO./STREET NAME/SUBDIVISION

PUROK/BRGY/ZONE

CITY/MUNICIPALITY

PROVINCE

ZIP CODE

REGION

COUNTRY

 OWNED RENTEDOCCUPIED SINCE  
(mm-dd-yyyy)LAST UPDATE DATE  
(mm-dd-yyyy)**IX. CONTACT INFORMATION****PRIMARY  
CONTACT  
NUMBER**

LANDLINE NO.

LAST UPDATE DATE  
(mm-dd-yyyy)

MOBILE NO.

LAST UPDATE DATE  
(mm-dd-yyyy)

OFFICE NO.

LAST UPDATE DATE  
(mm-dd-yyyy)**SECONDARY**

LANDLINE NO.

LAST UPDATE DATE  
(mm-dd-yyyy)

CONTACT NUMBER	MOBILE NO.	<input type="text"/>	LAST UPDATE DATE (mm-dd-yyyy)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OFFICE NO.	<input type="text"/>	LAST UPDATE DATE (mm-dd-yyyy)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
HISTORICAL CONTACT NUMBER	CONTACT NO.	<input type="text"/>	LAST UPDATE DATE (mm-dd-yyyy)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
	EMAIL ADDRESS	<input type="text"/>								

**X. MEMBERSHIP INFORMATION**

**BRANCH OF SERVICE AND MEMBERSHIP** (Please put check)

PAF	<input type="checkbox"/> CS	<input type="checkbox"/> PMA	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> RESIGNED	<input type="checkbox"/> RETIRED	<input type="checkbox"/> OTHERS	<input type="text"/>
AFP PENSIONER	<input type="checkbox"/> PRIMARY	<input type="checkbox"/> BENEFICIARY	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> PARENT	<input type="checkbox"/> SIBLING	<input type="checkbox"/> CHILDREN	<input type="text"/>
ACDI MPC	<input type="checkbox"/> ACDI PERSONNEL	<input type="checkbox"/> SUBSIDIARY PERSONNEL	<input type="checkbox"/> ACDI PERSONNEL	<input type="checkbox"/> OTHERS	<input type="text"/>		
KOOP KING MPC	<input type="checkbox"/> KOOP KING PERSONNEL <input type="checkbox"/>						
DEPENDENTS	<input type="checkbox"/> PAF MEMBER	<input type="checkbox"/> AFP PENSIONER MEMBER	<input type="checkbox"/> ACDI MPC MEMBER	<input type="checkbox"/> KOOP KING MPC MEMBER	<input type="text"/>		
	<input type="checkbox"/> CIVILIAN MEMBER						
PURE CIVILIAN	<input type="checkbox"/> ORGANIZATION	<input type="checkbox"/> &/OR	<input type="checkbox"/> OTHERS	<input type="text"/>			

**ADDITIONAL INFORMATION APPLICABLE TO AFP MEMBERS ONLY**

AFSN	<input type="text"/>	RANK	<input type="text"/>	POSITION	<input type="text"/>	OCCUPATION	<input type="text"/>
PRESENT ASSIGNMENT	<input type="text"/>		MOTHER UNIT	<input type="text"/>		SUBORDINATE UNIT	<input type="text"/>
CAD/ENLISTMENT DATE	<input type="text"/>		YEARS IN SERVICE	<input type="text"/>	RETIREMENT DATE	<input type="text"/>	

PENSION DATE	<input type="text"/>	AFP PENSION ID NO.	<input type="text"/>	EXPIRATION DATE	<input type="text"/>
CONTROL NO.	<input type="text"/>	SENIOR CITIZEN ID NO.	<input type="text"/>	EXPIRATION DATE	<input type="text"/>

**MEMBERSHIP CATEGORY** (Please put check)

ASSOCIATE MEMBER

REGULAR MEMBER

MEMBERSHIP DATE  
(mm-dd-yyyy)

-  -

REGULAR MEMBERSHIP DATE  
(mm-dd-yyyy)

-  -

**XI. EMPLOYMENT INFORMATION**

COMPANY TRADE NAME	<input type="text"/>		
TIN	<input type="text"/>		
PSIC	<input type="text"/>		
GROSS INCOME	MONTHLY:	<input type="text"/>	ANNUALLY:
	CURRENCY	<input type="text"/>	
OCCUPATION STATUS	<input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> ENTREPRENEUR <input type="checkbox"/> RETIRED <input type="checkbox"/> OTHERS _____		
	If employed, please provide the status of your employment <input type="checkbox"/> PERMANENT/REGULAR <input type="checkbox"/> CASUAL <input type="checkbox"/> PART-TIME/TEMPORARY <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> PROJECT-BASED		
DATE HIRED	EMPLOYED SINCE?	UNTIL?	
OCCUPATION	<input type="text"/>		

**XII. COMPANY INFORMATION**

COMPANY TRADE NAME	<input type="text"/>
--------------------	----------------------

**XIII. COMPANY ADDRESSES**

<b>MAIN - COMPANY ADDRESS</b>	<input type="text"/>			
	UNIT/ROOM/FLOOR/HOUSE NO.	BLDG. NAME	LOT NO., BLOCK NO., PHASE NO.	STREET NO./STREET NAME/SUBDIVISION
	<input type="text"/>		<input type="text"/>	
	PUROK/BRGY/ZONE	CITY/MUNICIPALITY		
	PROVINCE	ZIP CODE	REGION	
	<input type="text"/>		<input type="checkbox"/> OWNED	<input type="checkbox"/> RENTED
	COUNTRY	<input type="text"/>		
OCCUPIED SINCE (mm-dd-yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>	LAST UPDATE DATE (mm-dd-yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>	
<b>ADDITIONAL - COMPANY ADDRESS</b>	<input type="text"/>			
	UNIT/ROOM/FLOOR/HOUSE NO.	BLDG. NAME	LOT NO., BLOCK NO., PHASE NO.	STREET NO./STREET NAME/SUBDIVISION
	<input type="text"/>		<input type="text"/>	
	PUROK/BRGY/ZONE	CITY/MUNICIPALITY		
	PROVINCE	ZIP CODE	REGION	
	<input type="text"/>		<input type="checkbox"/> OWNED	<input type="checkbox"/> RENTED
	COUNTRY	<input type="text"/>		
OCCUPIED SINCE (mm-dd-yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>	LAST UPDATE DATE (mm-dd-yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>	



**XIV. COMPANY IDENTIFICATION CODE**

TIN  -  -

LAST UPDATE DATE  -  -

**XV. COMPANY CONTACT DATA**

MAIN PHONE CONTACT

LAST UPDATE DATE  -  -

**XVI. OTHER INFORMATION**

OTHER SOURCE OF INCOME

MEMBERSHIP WITH OTHER FINANCIAL INSTITUTIONS/COOPERATIVES

**XVII. PERSON TO CONTACT IN CASE OF EMERGENCY**

NAME     
First Name Middle Name Last Name

<b>RESIDENTIAL HOME ADDRESS</b>	UNIT/ROOM/FLOOR/HOUSE NO.                                  BLDG. NAME                                  LOT NO., BLOCK NO., PHASE NO.                                  STREET NO./STREET NAME/SUBDIVISION			
	PUROK/BRGY/ZONE		CITY/MUNICIPALITY	
	PROVINCE		ZIP CODE	REGION
	COUNTRY			
	OCCUPIED SINCE (mm-dd-yyyy)		LAST UPDATE DATE (mm-dd-yyyy)	
			<input type="checkbox"/> OWNED <input type="checkbox"/> RENTED	
	CONTACT NUMBERS		RELATIONSHIP	
		Mobile Number	Landline Number	

*I hereby certify under oath that the information above are true and correct and will abide as member with the KOOP KING Multi-Purpose Cooperative policies and procedures.*

Member's Signature

Member's Signature

Member's Signature

DATE SIGNED (mm-dd-yyyy)    [ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ][ ]

MEMBERSHIP DATE (mm-dd-yyyy)    [ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ][ ]

===== **KOOP KING MPC TO FILL UP** =====

**ID INFORMATION**

ISSUED DATE    [ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ][ ]

STATUS    \_\_\_\_\_

EXPIRATION DATE    [ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ][ ]

**RECRUITMENT TYPE**

<input type="checkbox"/> Walk in	<input type="checkbox"/> Caravan	<input type="checkbox"/> Special Opns
<input type="checkbox"/> Infodrives	<input type="checkbox"/> Promos	<input type="checkbox"/> Others: _____
<input type="checkbox"/> Telemarketing	<input type="checkbox"/> Letter	
<input type="checkbox"/> Referral	<input type="checkbox"/> Email	
<input type="checkbox"/> House to House	<input type="checkbox"/> Text Message	

**Processed by:**

**Approved / Disapproved:**

\_\_\_\_\_

(Signature Over Printed Name / Date)

\_\_\_\_\_

(Signature Over Printed Name / Date)

**Koop King MPC Authorized Representative**

**General Manager**

# KOOP KING MULTI-PURPOSE COOPERATIVE PROMISSORY NOTE

PN No. \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS:**

In consideration of the loan of \_\_\_\_\_ (P \_\_\_\_\_) Pesos, receipt of which amount is hereby acknowledged, I/We, \_\_\_\_\_ as the principal debtor and \_\_\_\_\_ as co-makers, bind ourselves, our heirs and assigns, jointly and solidarily, to pay Koop King Multi-Purpose Cooperative the herein mentioned loan with interest thereof at \_\_\_\_\_ per annum in \_\_\_\_\_ months and equal installments effective \_\_\_\_\_.

To further secure the loan, I/We hereby pledge and assign to Koop King Multi-Purpose Cooperative my/our respective salaries, AFP Pension Benefits/commutation, wages, savings, time deposits, fortune plan/plus, patronage refunds and all other investments and interests due thereon, and in case of my separation/resignation or retirement from service before full payment of this loan, I likewise pledge and assign my retirement pay, pension including but not limited to my 36 months advance pension to settle the same. For this purpose, I/We hereby appoint and designate Koop King Multi-Purpose Cooperative as my/our attorney-in-fact with the understanding not to revoke this appointment/designation without written concurrence and authority, of Koop King Multi-Purpose Cooperative, the Commanding Officers or the agents the PAF Finance Center / AFP Finance Center / Pension and Gratuity Management Center and all other Major Finance Center of the AFP and local Finance Service Units of AFP to pay for me/us the said loan by deducting/collecting from any or all the aforementioned income and emoluments due me/us in such amount to satisfy the principal, interests and penalties, if any, for said loan/s. Any deficit from my/our monthly amortization at the end of the month shall be automatically debited by Koop King Multi-Purpose Cooperative from my savings deposits and amortization deposits. Further, in loans where co-maker/s are still applicable, the undersigned co-maker/s, hereby jointly and solidarily guarantee, in case of default, the payment of the borrowers' loan. In the event that either one or both co-maker/s settle the borrowers' obligation, he/she or both shall, however, be substituted with the right of the cooperative against the borrower or the non-participating co-maker.

In the event that any/all installments due this loan are not paid/remitted on schedule, I/We promise to pay unconditionally the said installments directly to Koop King Multi-Purpose Cooperative and I/We agree that the amount due shall be subject to a surcharge of 2% a month during the period of default or until finally paid.

I/We agree that in the event of at least three (3) consecutive defaults in installment, all the remaining obligations shall be deemed due and collectible from the borrower and/or shall give rise to a cause of action to institute the filing of a case against the borrower through the court at the option of Koop King Multi-Purpose Cooperative.

Acceptance by Koop King Multi-Purpose Cooperative of payment/s on any installment/s or any pay part thereof after the due date shall not be construed as extending the time for the payment of any of the aforesaid installment/s deemed due as a modification of any of the conditions hereof.

I/We hereby agree and authorize Koop King Multi-Purpose Cooperative to encumber, assign or sell to any person or entity any right which it may have under this Note, and/or any assignment, mortgage lien, pledge or other encumbrances constituted in favor of Koop King Multi-Purpose Cooperative pursuant to the provisions of this Note, if any. Further, giving and granting Koop King Multi-Purpose Cooperative full power and authority to receive/collect and deduct from my investments and deposits present and/or future, with Koop King Multi-purpose Cooperative and other financial institution, and to sell or encumber to any third person and/or entity other properties/assets or income which may come into its knowledge and possession to recover and satisfy payment of unpaid loan including its interest and surcharges. The consent herein granted is recognized and acknowledged by me/us as a waiver, for all intents and purposes, of whatever right I may have to notice of actual encumbrance/assignment.

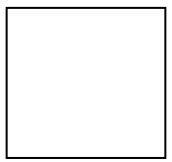
In case of court litigation to collect this loan, I further agree and promise to pay 30% actual and consequential damages, 10% liquidated damages and 20% Attorney's fees, all reckoned from the total loan balance, surcharges, and/or interest due or as maybe adjudged by the court, and that said suit shall be subject to the jurisdiction of the courts of Taguig City, Metro Manila, Philippines.

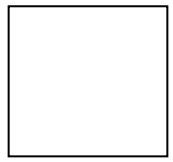
WITNESS our hands this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
**NAME OF CO-MAKER**  
*(Signature over Printed Name)*  
 ID TYPE/NO. \_\_\_\_\_  
 ISSUED BY \_\_\_\_\_  
 ISSUED ON/VALID UNTIL \_\_\_\_\_

\_\_\_\_\_  
**NAME OF PRINCIPAL BORROWER**  
*(Signature over Printed Name)*  
 ID TYPE/NO. \_\_\_\_\_  
 ISSUED BY \_\_\_\_\_  
 ISSUED ON/VALID UNTIL \_\_\_\_\_

\_\_\_\_\_  
**NAME OF CO-MAKER**  
*(Signature over Printed Name)*  
 ID TYPE/NO. \_\_\_\_\_  
 ISSUED BY \_\_\_\_\_  
 ISSUED ON/ VALID UNTIL \_\_\_\_\_

LEFT THUMBMARK  


RIGHT THUMBMARK  


Signed in the presence of:

\_\_\_\_\_  
 Signature of Witness over Printed Name

\_\_\_\_\_  
 Signature of Witness over Printed Name

**APPROVAL**

Approved for payment in the amount of \_\_\_\_\_ (P \_\_\_\_\_) Pesos only.

\_\_\_\_\_  
**GENERAL MANAGER**

\_\_\_\_\_  
**Committee Chair/Member for Credit & Collection /  
 Duly authorized representative by the Committee**

REPUBLIC OF THE PHILIPPINES  
 \_\_\_\_\_ CITY

**BEFORE ME** personally appeared \_\_\_\_\_ and \_\_\_\_\_ who are known to me and acknowledged to me that the foregoing document is his/her/their free act and deed. The ID/s was/were exhibited to me the numbers of which are indicated under his/her/their above printed name/s.

**WITNESS MY HAND SEAL** this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

DOC NO. \_\_\_\_\_  
 PAGE NO. \_\_\_\_\_  
 BOOK NO. \_\_\_\_\_  
 SERIES OF \_\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC**  
 Until December 31, \_\_\_\_\_  
 PTR No. \_\_\_\_\_  
 TIN \_\_\_\_\_

**ADDENDUM TO THE PROMISSORY NOTE  
REGARDING PRE-TERMINATION FEE AND AVAILMENT PERIOD**

**KNOWN ALL MEN BY THESE PRESENT:**

**KOOP KING MULTI-PURPOSE COOPERATIVE**, a duly registered entity with the Cooperative Development Authority with business address at Koop King Building No. 5, East Service Road, AFPOVAL Western Bicutan, Taguig City, and represented by its General Manager \_\_\_\_\_, of legal age, single / married, Filipino hereinafter called the **LENDER**.

-and-

\_\_\_\_\_ of legal age, single/ married, Filipino, and a resident of \_\_\_\_\_ hereinafter referred to as the **BORROWER**.

**WITNESSETH:** That,

**WHEREAS**, the parties agree to enter into a loan agreement as stipulated in the Promissory Note and under the terms and condition therein specified, copy thereof hereto attached;

**WHEREAS**, the Cooperative as a further privilege/incentive recognizes the right of the member/borrower to fully pay/pre-terminate his/her loan account on a lesser period than what has been agreed upon;

**WHEREAS**, the borrower/member, after being duly appraised thereof. likewise agree to pay the Cooperative a pre-termination fee for the services related to the revision and termination of the principal loan agreement.

**WHEREAS**. the parties resolve as they hereby resolved to adopt and agree to the herein addendum to the principal loan agreement.

**IN WITNESS WHEREOF**, the parties hereby affix their respective signatures this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
NAME AND SIGNATURE  
MEMBER/BORROWER  
COOPERATIVE

\_\_\_\_\_  
NAME AND SIGNATURE  
KOOP KING MULTI- PURPOSE

Witnessed BY:

\_\_\_\_\_  
NAME AND SIGNATURE

\_\_\_\_\_  
NAME AND SIGNATURE



**KOOP KING MULTI-PURPOSE COOPERATIVE**  
*"Your Happiness: Our Business!"*

KoopKing Building N5, East Service Road,  
AFPOVAI Western Bicutan, Taguig City

Telephone No: 296-3504  
Mobile No: 0917-312-9000  
Website: [www.koopkingmpc.com.ph](http://www.koopkingmpc.com.ph)  
Facebook: [www.facebook.com/kkmpc](http://www.facebook.com/kkmpc)  
Email add: [koopkingcooperative@yahoo.com](mailto:koopkingcooperative@yahoo.com)  
[koopkingcooperative@gmail.com](mailto:koopkingcooperative@gmail.com)

\_\_\_\_\_  
Date

### **AUTHORITY TO DEDUCT**

I hereby authorize KOOP KING MULTI-PURPOSE COOPERATIVE to deduct the amount of \_\_\_\_\_

\_\_\_\_\_ ( P \_\_\_\_\_ ) from  
*(Amount in words)*

my Retirement Benefits such as accumulated leave credits (Retirement Commutation), 36 months lumpsum and Pension and Gratuity as settlement of my obligation with the said cooperative.

Very truly yours,

\_\_\_\_\_  
Borrower

(Signature over printed name)

CONFORME

\_\_\_\_\_  
General Manager



**KOOP KING MULTI-PURPOSE COOPERATIVE**  
*"Your Happiness: Our Business!"*

KoopKing Building N5, East Service Road,  
AFPOVAI Western Bicutan, Taguig City

Telephone No: 296-8504  
Mobile No: 0917-312-9000  
Website: [www.koopkingmpc.com.ph](http://www.koopkingmpc.com.ph)  
Facebook: [www.facebook.com/kkmpc](http://www.facebook.com/kkmpc)  
Email add: [koopkingcooperative@yahoo.com](mailto:koopkingcooperative@yahoo.com)  
[koopkingcooperative@gmail.com](mailto:koopkingcooperative@gmail.com)

### CERTIFICATION OF LOAN OBLIGATION

THIS IS TO CERTIFY THAT \_\_\_\_\_ has an outstanding loan balance of \_\_\_\_\_ with our Cooperative as of date.

This certification is issued upon request of the subject military officer/enlisted personnel to support his claim for retirement commutation.

\_\_\_\_\_  
General Manager

Date \_\_\_\_\_

TO : THE COMMANDING OFFICER  
PAF Finance Center  
CJVAB, Pasay City

SUBJECT: DEDUCTION FROM RETIREMENT COMMUTATION, REQUEST FOR

Sir:

That for and in consideration of the agreement covered by various Promissory Notes, I, \_\_\_\_\_ agreed to be deducted the amount of \_\_\_\_\_ (P \_\_\_\_\_) from my accumulated leave credits or retirement commutation as payment for my loan obligation in KOOP KING Multi-Purpose Cooperative.

I further authorize the PAF Finance Center to deduct the abovementioned loan obligation in favor of said Cooperative.

Very truly yours,

\_\_\_\_\_  
Borrower

CONFORME:

\_\_\_\_\_  
General Manager

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ with CTC No. \_\_\_\_\_, issued on \_\_\_\_\_ at \_\_\_\_\_.

Doc No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series No. \_\_\_\_\_

Notary Public  
Until December 31, \_\_\_\_\_  
PTR No. \_\_\_\_\_  
TIN No. \_\_\_\_\_



**KOOP KING MULTI-PURPOSE COOPERATIVE**  
*"Your Happiness: Our Business!"*

KoopKing Building N5, East Service Road,  
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 Facebook: [www.facebook.com/kkmpc](http://www.facebook.com/kkmpc)  
 Email add: [koopkingcooperative@yahoo.com](mailto:koopkingcooperative@yahoo.com)  
[koopkingcooperative@gmail.com](mailto:koopkingcooperative@gmail.com)

DATE : \_\_\_\_\_  
 TO : \_\_\_\_\_  
 FROM : \_\_\_\_\_  
 GENERAL MANAGER, KOOP KING MPC

SUBJECT : REQUEST TO HOLD INVESTMENT COLLATERAL

This is to certify that \_\_\_\_\_ employee of ACDI MPC has an approved Back to Back Loan with this Cooperative, details are as follows:

Date of Loan		
Promissory Note #		
Gross Loan		
Amortization		
Term		
Maturity Date		
Total BBL balance as of		
Total BBL amortization as of		

In this regard, request to HOLD INVESTMENT COLLATERAL of the stated borrower that will serve as security for any renewals, extensions, amendment and/or consideration of the indebtedness or obligations mentioned.

Should you need any further information, please do not hesitate to contact Koop King MPC Lending Department with contact number 09175176582/ 0917312900 and email address [koopkinglending@gmail.com](mailto:koopkinglending@gmail.com)

**ATHENA A. CARAGAY**  
 General Manager

Conforme:

\_\_\_\_\_  
**Printed Name and Signature of Borrower**  
 Date : \_\_\_\_\_

**DEED OF ASSIGNMENT**

**KNOW ALL MEN BY THESE PRESENTS:**

This Deed of Assignment is made and executed on the \_\_\_\_\_ day of \_\_\_\_\_ by and between:

KOOP KING Multi-Purpose Cooperative, cooperative duly organized and existing under by virtue of the laws of the Philippines, with office address at KoopKing Building No. 5, East Service Road, AFPOVAI Western Bicutan, Taguig City, and represented in this act by its General Manager, \_\_\_\_\_, hereunder referred to as of the "ASSIGNEE/LENDER"

And

\_\_\_\_\_ with postal address at \_\_\_\_\_ herein after referred to as the "ASSIGNOR/DEBTOR"

W I T N E S S E T H

That and for in consideration of certain credit accommodations granted by the ASSIGNEE/LENDER to the ASIGNOR/DEBTOR, under a Promissory Note No. \_\_\_\_\_ The principal of which is no less than \_\_\_\_\_ (\_\_\_\_\_), Philippine Currency as well as the stipulated interest thereon, the ASSIGNOR/DEBTOR, does hereby cede, transfer, convey, set over and deliver unto the ASSIGNEE/LENDER, its successor and assigns by the way of this Deed of Assignment, all his right, title, interest and participation in that certain deposits maintained with ACDI Credit Cooperative, to wit:

FP/TD No.	Face Amount	Maturity Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Of the ASSIGNOR(S) declares that he/they are absolute owner free from all liens and encumbrances.

This DEED OF ASSIGNMENT is further subject to the following conditions:

1. This ASSIGNMENT shall likewise serves as security for any future renewals, extensions, amendment and/or consideration of the indebtedness or obligations mentioned herein.
2. Upon default of the ASSIGNOR/Debtor in the payment of indebtedness obligations or liabilities and/or fulfillment of the conditions of his ASSIGNMENT, the correlative promissory note, credit/loan agreements and other evidences of indebtedness, the ASSIGNOR/DEBTOR hereby confers upon the ASSIGNEE/LENDER absolute, ample and sufficient power as shall be necessary to enable the latter to reimburse itself, provided notice is given to the ASSIGNOR/DEBTOR, from the deposits hereby assigned, either partially or totally, at the option of the ASSIGNEE/LENDER for the purpose of liquidating the above-mentioned obligations of the ASSIGNOR?DEBTOR, it being understood that if there be any surplus left in favor of the ASSIGNOR/DEBTOR, the same shall be turned over by the party entitled thereto. By these presents, the ASSIGNEE/LENDER is hereby appointed by the ASSIGNOR/DEBTOR, as the attorney-in-fact for and in this name, place and stead to demand, collect, and receive any/or all amount due him. This Power of Attorney shall be irrevocable until the credit accommodations and all existing loans are settled in full.



3. Whenever there are two or more parties (ASSIGNOR/DEBTOR), their obligations herein shall be deemed to be joined to be joint and several.
4. This ASSIGNMENT shall become null and void upon full settlement of the ASSIGNOR/DEBTOR's to KOOP KING.

IN WITNESS WHEREOFF, the parties have hereto set their hands at the place first above written on this \_\_\_\_\_ day of \_\_\_\_\_.

KOOP KING MULTI-PURPOSE COOPERATIVE  
(ASSIGNEE/LENDER)

\_\_\_\_\_  
(ASSIGNOR/DEBTOR)

By:

\_\_\_\_\_  
General Manager

\_\_\_\_\_  
(ASSIGNOR/DEBTOR)

SIGNED IN THE PRESENCE OF:

\_\_\_\_\_

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)  
\_\_\_\_\_) SS

Before me, a Notary public, for and in \_\_\_\_\_, personally appeared:

Name

Com. Tax Cert. No.

Date/Place issued

\_\_\_\_\_

Know to me and to me known to be the same persons who executed the foregoing instrument have acknowledged that the same is their own free and voluntary act and deed.

This instrument consisting of two (2) pages refers to the Deed of Assignment has been signed by the parties and their instrumental witnesses on each and every page.

WITNESS MY HAND SEAL.

Doc No. \_\_\_\_\_

Page No. \_\_\_\_\_

Book No. \_\_\_\_\_

Series of 20\_\_