



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

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

Telephone No: 296-3504,
Mobile No: 0917-312-9000
Website: www.koopkingmpc.com.ph
Facebook: www.facebook.com/kkmpc
Email add: koopkingcooperative@yahoo.com
koopkingcooperative@gmail.com

AUTHORIZATION FOR PENSION DEDUCTION

To whom it may concern:

I hereby authorize the amount of P _____ (Pesos) be deducted from my monthly pension for a period of _____ months. Furthermore, I hereby irrevocably assign/appoint the Chief, AFP Finance Center as my attorney-in-fact to ensure the implementation of such deduction until the settlement or liquidation of my loan obligation with _____.

(Rank/ Full Name/ SN/ BOS)
BORROWER

To whom it may concern:

I hereby undertake to deduct the amount in the foregoing authorization and cause the remittance of the same to _____.

C, AFPFC or Authorized Representative



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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

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__



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 nasiit 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 iyang kataugan 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 ininom, 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 accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website of www.insurance.gov.ph.

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

Signature Over Printed Name of Proposed Insured

THUMBPRINT
*In case of Electronic Applicant

Signature Over Printed Name of Policyholder's Authorized Officer
UND-LPPI FORM Series of 2016

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



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 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:



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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:	<input type="text"/>	
	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?	<input type="text"/>	UNTIL?	<input type="text"/>	
OCCUPATION	<input type="text"/>				

XII. COMPANY INFORMATION

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

XIII. COMPANY ADDRESSES

MAIN - COMPANY ADDRESS	<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"/>	
ADDITIONAL - COMPANY ADDRESS	<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

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name



KOOP KING MULTI-PURPOSE COOPERATIVE

"Your Happiness: Our Business!"

KoopKing Building NS, East Service Road,
AFPOVAI 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

(Date)

PRE-ASSESSMENT FORM

Rank/Name/AFPSN/Br of Service of Applicant					
Pensioner ID Nr					
Date of Expiration					
Gross Monthly Pension					
Name of Financial Institution					
Type of Loan					
Kind (New Loan/Re- Loan)		<input type="checkbox"/> New Loan		<input type="checkbox"/> Re- Loan	
Gross Loan Amount					
Monthly Amortization					
Term (Nr of Months to Pay)					
Previous Amortization to be Stopped		<i>(In- case of re- loan only)</i>			
Other Unpaid Loan Deductions (Itemized)					
Nr	Name of Financial Institution	Deduction Code	Tracking		
			Nr of Payments	Term (Months)	Remarks
1					
2					
3					
4					
5					
Total					

Prepared by: _____

Posted by: _____

Pensioner Signature

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 _____

<p>_____ NAME OF CO-MAKER <i>(Signature over Printed Name)</i> ID TYPE/NO. _____ ISSUED BY _____ ISSUED ON/VALID UNTIL _____</p>	<p>_____ NAME OF PRINCIPAL BORROWER <i>(Signature over Printed Name)</i> ID TYPE/NO. _____ ISSUED BY _____ ISSUED ON/VALID UNTIL _____</p>	<p>_____ NAME OF CO-MAKER <i>(Signature over Printed Name)</i> ID TYPE/NO. _____ ISSUED BY _____ ISSUED ON/ VALID UNTIL _____</p>
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LEFT THUMBMARK	RIGHT THUMBMARK

Signed in the presence of:

<p>_____ Signature of Witness over Printed Name</p>	<p>_____ Signature of Witness over Printed Name</p>
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APPROVAL

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

<p>_____ GENERAL MANAGER</p>	<p>_____ Committee Chair/Member for Credit & Collection / Duly authorized representative by the Committee</p>
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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 _____