KOOP KING MULTI-PURPOSE COOPERATIVE

"Your Happiness: Our Business!"

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

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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

FIRST NAME | MIDDLE NAME | LAST NAME | PREVIOUS MIDDLE NAME (For married women) | NICKNAME

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

COUNTRY OF BIRTH _____ RESIDENT (Pls. check) YES ☐ NO ☐

GENDER: MALE ☐ FEMALE ☐ | CIVIL STATUS: SINGLE ☐ MARRIED ☐ WIDOW/ER ☐ SEPARATED ☐

NUMBER OF CHILDREN _____ NUMBER OF VEHICLES OWNED _____ HEIGHT (ft/in) _____ WEIGHT (kg) _____

BLOOD TYPE _____ HIGHEST EDUCATIONAL ATTAINMENT _____ RELIGION _____

II. SPOUSE INFORMATION (If married)

FIRST NAME | MIDDLE NAME | LAST NAME

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

III. DEPENDENT'S INFORMATION

	DEPENDENT'S NAME	RELATIONSHIPS	BIRTHDATE	GENDER		DEPENDENT'S NAME	RELATIONSHIPS	BIRTHDATE	GENDER
1					4				
2					5				
3					6				

IV. MOTHER'S INFORMATION (MAIDEN)

FIRST NAME | MIDDLE NAME | LAST NAME

V. FATHER'S INFORMATION

FIRST NAME | MIDDLE NAME | LAST NAME

VI. IDENTIFICATION CODE

TAXPAYERS IDENTIFICATION NO. _____

SSS / GSIS NO. _____ EXPIRATION DATE (mm-dd-yyyy) _____

CRN / UMID _____ _____

VII. GOVERNMENT ID TYPE/ NUMBER (eg. Drivers License, Passport, Postal ID)

ID NO. _____ ID ISSUE DATE (mm-dd-yyyy) _____

VIII. ADDRESSES

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 ☐ RENTED ☐

OCCUPIED SINCE (mm-dd-yyyy) _____ LAST UPDATE DATE (mm-dd-yyyy) _____

IX. CONTACT INFORMATION

EMAIL ADDRESS _____ MOBILE NO. _____

X. MEMBERSHIP INFORMATION

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

☐ MILITARY	OFFICER ☐ ENLISTED PERSONNEL ☐ CIVILIAN EMPLOYEE ☐	ACTIVE/ REGULAR ☐ RESIGNED ☐ RETIRED ☐
☐ AFP PENSIONER	PRIMARY ☐ BENEFICIARY: SPOUSE ☐ PARENT ☐ SIBLING ☐ CHILDREN ☐	
☐ KOOP KING MPC/ ACDI MPC/ CBLs	KOOP KING MPC PERSONNEL ACDI PERSONNEL CBL (SPECIFY): _____	
☐ CIVILIAN	SPECIFY ENDORSER: _____	
☐ DEPENDENT OF	MIL MEMBER ☐ AFP PENSIONER MEMBER ☐ ACDI MPC ☐ KOOP KING MPC ☐ CIVILIAN MEMBER ☐	

ADDITIONAL INFORMATION APPLICABLE TO MILITARY ACTIVE MEMBERS ONLY

AFSN | RANK | JOB/ DESIGNATION

PRESENT UNIT ASSIGNMENT/ ADDRESS | CAD/ENLISTMENT DATE | YEARS IN SERVICE

ADDITIONAL INFORMATION APPLICABLE TO AFP RETIRED/ PENSIONER MEMBERS ONLY

PENSION DATE | RETIREMENT DATE | AFP PENSION ID NO. | EXPIRATION DATE

CONTROL NO. | SENIOR CITIZEN ID NO. | EXPIRATION DATE

MEMBERSHIP CATEGORY *(Please put check)*

ASSOCIATE MEMBER ☐ — MEMBERSHIP DATE (mm-dd-yyyy) __ - __ - ____

REGULAR MEMBER ☐ — REGULAR MEMBERSHIP DATE (mm-dd-yyyy) __ - __ - ____

XI. EMPLOYMENT INFORMATION FOR NON- MILITARY MEMBER

COMPANY NAME		OFFICE NUMBER	
TIN		PSIC	
GROSS INCOME	MONTHLY:	ANNUALLY:	
	CURRENCY		

OCCUPATION STATUS

EMPLOYED ☐ SELF-EMPLOYED ☐ ENTREPRENEUR ☐ RETIRED ☐ OTHERS ☐ _____

If employed, please provide the status of your employment

PERMANENT/REGULAR ☐ CASUAL ☐ PART-TIME/TEMPORARY ☐ CONTRACTUAL ☐ PROJECT-BASED ☐

DATE HIRED — EMPLOYED SINCE? — UNTIL?

OCCUPATION

XII. OWNED COMPANY/ BUSINESS INFORMATION

BUSINESS NAME

XIII. BUSINESS ADDRESSES

UNIT/ROOM/FLOOR/HOUSE NO. | BLDG. NAME | LOT NO., BLOCK NO., PHASE NO. | STREET NO./STREET NAME/SUBDIVISION | PUROK/BRGY/ZONE

CITY/MUNICIPALITY | PROVINCE | REGION | ZIP CODE | COUNTRY

XIV. BUSINESS IDENTIFICATION CODE

TIN ___ - ___ - ___

XV. BUSINESS CONTACT DATA

MAIN PHONE CONTACT | EMAIL ADDRESS

XVI. OTHER INFORMATION

OTHER SOURCE/S OF INCOME	MEMBERSHIP WITH OTHER FINANCIAL INSTITUTIONS/COOPERATIVES

XVII. PERSON TO CONTACT IN CASE OF EMERGENCY

NAME _____ RELATIONSHIP _____

ADDRESS _____ CONTACT NUMBERS _____

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

Walk in	☐	*Caravan*	☐	*Special Opns*	☐
Infodrives	☐	*Promos*	☐	*Others:*	☐
Telemarketing	☐	*Letter*	☐	_____	
Referral	☐	*Email*	☐		
House to House	☐	*Text Message*	☐		

Processed by:

_____

(Signature Over Printed Name / Date)

Koop King MPC Authorized Representative

Approved / Disapproved:

_____

(Signature Over Printed Name / Date)

General Manager

version 2 (july 2019)