



SAMAANG KOOPERATIBA NG M. LHULLIER  
PAWNSHOP'S EMPLOYEES

**ML SAKO COOP**

# MEMBERSHIP APPLICATION FORM

**\* EMPLOYEE ID NUMBER**

--	--	--	--	--	--	--	--	--	--

**\* TIN NUMBER**

--	--	--	--	--	--	--	--	--	--	--	--

**\*SSS NUMBER**

--	--	--	--	--	--	--	--	--	--	--	--	--	--

I authorize ML SAKO to disclose, submit, share or exchange any of my account information to legal and government regulating agencies in accordance with R.A No. 9510 and other related or pertinent laws and regulation. Further, I give my consent to processing of my information as contemplated under the DATA PRIVACY ACT of 2012 R.A No. 10173 for legitimate and lawful purposes.

**INSTRUCTIONS**

1. Accomplish this form in two(2) copies only.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All fields marked with(\*) are mandatory.
4. Indicate the full name of your FATHER and MOTHER as they appear in Your birth certificate.
5. Submit forms with complete details

**\*EMPLOYMENT STATUS:**

REGULAR

TRAINEE

PROBATIONARY

**\*\*\*MEMBER'S PERSONAL DETAILS\*\*\***

LAST NAME	FIRST NAME	SUFFIX	MIDDLE NAME	MAIDEN NAME	NICKNAME

PLACE OF BIRTH (City/Municipality/Province/Country/Zip code)

Postal Code

Gender  
 MALE  
 FEMALE

**\*DATE OF BIRTH**

m	m	d	d	y	y	y	y				

Religion      Nationality      No. of Children

Bloodtype

Civil Status

Spouse First Name	Spouse Last Name	Spouse Middle Name	Birthdate(mm/dd/yyyy)	Occupation
Mother's First Name	Mother's Last Name	Mother's Maiden Name	Birthdate(mm/dd/yyyy)	Occupation
Father's First Name	Father's Last Name	Father's Middle Name	Birthdate(mm/dd/yyyy)	Occupation

\*Height :      \*Weight:      Blood type:

**\*ADDRESS AND CONTACT DETAILS\***

**\*PERMANENT HOME ADDRESS**

Unit/Room No., Floor Building Name      Lot No., Block No., Phase No. House No., Street Name

Subdivision      Barangay      Municipality/City      Province      Zip Code

\*Contact No: \_\_\_\_\_

\*Office Cell No: \_\_\_\_\_

**\*PRESENT HOME ADDRESS**

Unit/Room No., Floor Building Name

Subdivision      Barangay      Municipality/City      Province      Zip Code

\*MCASHWallet No: \_\_\_\_\_

\*Personal Email Address  
 \_\_\_\_\_

**\*\*BENEFICIARIES\*\***

Last Name /First Name/Suffix/Middle Name/Relationship/Address/Birthdate/Occupation/Contact Number

1. _____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____

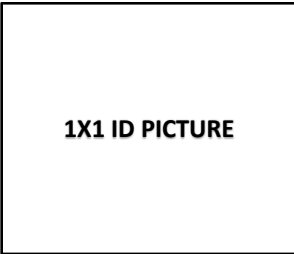
**\*\*EMPLOYMENT DETAILS\*\***

EMPLOYER _____	ADDRESS _____	DATE HIRED: _____
POSITION _____	AM NAME: _____	RM NAME _____
REGION/CHAPTER/DIVISION ASSIGNED _____		



# SAMA HANG KOOPERATIBA NG M. LHUILLIER PAWNSHOPS' EMPLOYEES

HEAD OFFICE (CEBU) Room 201, ML Borromeo Bldg. Borromeo St.  
Pahina Central Cebu City, 6000 Telefax No. 233-9657 Service Phone  
Nos. **09682010246/09479992492/09479992492**  
Email add: [marketing.mlsako@gmail.com](mailto:marketing.mlsako@gmail.com) / [cashier.mlsako@gmail.com](mailto:cashier.mlsako@gmail.com)  
[loan.mlsako@gmail.com](mailto:loan.mlsako@gmail.com) /  
[mlsako.acctg2@gmail.com](mailto:mlsako.acctg2@gmail.com)  
[mlsako@yahoo.com](mailto:mlsako@yahoo.com)  
Website: [www.mlsako.com](http://www.mlsako.com) / Fb Page: MLSako



## MEMBERSHIP SUBSCRIPTION AGREEMENT

\_\_\_\_\_ with ID No. \_\_\_\_\_, here agree to be a member of the SAMAHANG KOOPERATIBA NG M. LHUILLIER PAWNSHOPS' EMPLOYEES. I have completed the prescribed training course for prospective members, and I understand the purpose and/or objectives of this cooperative.

*I hereby pledge to abide with the following terms and conditions:*

1. To comply with the provisions of the Articles of Cooperation, the By-Laws and policies set by the Board, the General assembly as well as acts of duly constituted authorities, and failure on my part to do so, the Cooperative as its option may: a) Fine; b) Suspend; or c) Expel me from the membership where upon all my shareholdings in, shall be answerable for my liabilities to the Cooperative.
2. To pay the membership fee of ONE HUNDRED PESOS ONLY (P 100.00).
3. To subscribe atleast \_\_\_\_\_ shares valued \_\_\_\_\_ (P \_\_\_\_\_) and paying for them either in lumpsum or in regular installment within \_\_\_\_\_ years/month from the date of membership.
4. To participate in the SAKO's capital build up program through a regular payroll deduction & contribute to my equity part of all of the annual interest on capital and patronage refund due to me from the Cooperative subject to the policies set by the Board of Directors.
5. To attend all meetings, conferences and seminars required by the Board of Directors and the By-laws
6. To comply with the directives of duly constituted authorities as well as the decisions of the Board regarding the operating policies of the Cooperative.

The provisions of this agreement, the Articles Of Cooperatives, and By-Laws have been explained to me, and understood them as I agree to abide with all of them.

In witness hereof, have here unto affixed my signature this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
MEMBER'S SIGNATURE & PRINTED NAME

## PAYROLL DEDUCTION AUTHORITY

### SAVINGS DEPOSIT

EFFECTIVITY DATE: \_\_\_\_\_

AMOUNT IN FIGURE: Php: \_\_\_\_\_ per pay day  
AMOUNT IN WORDS: \_\_\_\_\_

### PAID UP SHARE CAPITAL/ FIXED DEPOSIT

EFFECTIVITY DATE: \_\_\_\_\_

AMOUNT IN FIGURE: Php: \_\_\_\_\_ per pay day  
AMOUNT IN WORDS: \_\_\_\_\_

This is to authorize the cashier or paymaster to execute the amounts stated above and remit the same to SAMAHANG KOOPERATIBA NG M. LHUILLIER PAWNSHOPS' EMPLOYEES as part of my shares/deposit

\_\_\_\_\_  
MEMBER'S SIGNATURE & PRINTED NAME

## PRE-MEMBERSHIP EDUCATION SEMINAR (PMES)

Venue: \_\_\_\_\_

Speaker/Facilitator Name (with signature): \_\_\_\_\_

Date Attended: \_\_\_\_\_

*I hereby certify that the above information's are true and correct.*

- Requirements: (to be check by Marketing Staff)**
- Membership Application Form
  - 1x1 picture
  - Photocopy of Company Id
  - TIN NUMBER
  - SSS NUMBER