



# BENGUET STATE UNIVERSITY AND COMMUNITY MULTIPURPOSE COOPERATIVE (BSUCMPC)

CDA Reg. No.: 9520-15000523 / CIN No.: 0103150134

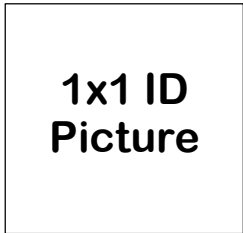
BSU Compound, Balili Road, KM 5, La Trinidad, Benguet

Telephone Nos.: (074) 619-8354, (074) 248-3036 / Telefax: (074) 422-1846

Website: [www.bengsumpc.com](http://www.bengsumpc.com) eMail Address: [bsucmpc1999@gmail.com](mailto:bsucmpc1999@gmail.com)

BSUCMPC FORM 1

## MEMBER'S INFORMATION SHEET



I. Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Provincial Address: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Home Ownership: \_\_\_\_\_ owned; \_\_\_\_\_ renting; house owner: \_\_\_\_\_  
\_\_\_\_\_ staying with parents/ relatives; \_\_\_\_\_ others \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Civil Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widow/er \_\_\_\_\_ Separated

\_\_\_\_\_ Single Parent \_\_\_\_\_ Others: \_\_\_\_\_

\_\_\_\_\_ Senior Citizen \_\_\_\_\_ Person with Disability (PWD)

Educational Attainment: \_\_\_\_\_ Degree/Course: \_\_\_\_\_

Occupation: \_\_\_\_\_ Nature of Work/ Business: \_\_\_\_\_

Employer's/Business Name: \_\_\_\_\_

Employer's/ Business Address: \_\_\_\_\_

Employer's/ Business Contact Number: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Nature of Work/ Business: \_\_\_\_\_

In case of emergency, name of person to contact: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

2. TIN Number (Required): \_\_\_\_\_

Name of Valid ID: \_\_\_\_\_ ID Number: \_\_\_\_\_

3. Training(s)/ Seminar	Sponsor(s)	Inclusive Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Reasons for joining the BSUCMPC  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you a member of other cooperatives? ( ) YES ( ) NO  
If yes, please state the name of the cooperative \_\_\_\_\_

### CERTIFICATION

I hereby certify that the above information is true and correct to the best of my knowledge, signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Signature over Printed Name



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BSUCMPC FORM 2

**Conduct and Ethical Responsibilities of BSUCMPC Members**

The success and longevity of the BSUCMPC depends to a great extent on the support and compliance of a member’s obligation and responsibilities. Hence, I will strive to consciously adhere to:

1. Promote the vision, mission and core values of the BSUCMPC.
2. Commit to abide by the cooperative By-laws, policies, rules and regulations and practice cooperative values and principles at all times.
3. Know and exercise my rights and obligations as member of BSUCMPC.
4. Value & practice honesty, loyalty, politeness, professionalism, respect, courtesy, humility and kindness in all my dealings with BSUCMPC’s employees, officers, members & with the people in my community.
5. Exercise self-restraint, consideration, understanding, & patience when altercations, conflicts or problems with BSUCMPC’s employees and officers occur and when I experience temporary inconvenience in their delivery of customer service due to voluminous transactions or owing to circumstances beyond the control of the cooperative.
6. Take pride as member of the BSUCMPC and as such, I undertake to always promote its interest every chance I get by encouraging new members, new/additional loans & deposits or new/additional business for the cooperative to ensure its growth and financial viability.
7. Project a positive image of the cooperative in my actions inside and outside the offices of the cooperative.
8. Use the cooperative facilities & equipment/ furniture & fixture with utmost care.
9. Patronize BSUCMPC’s products & services & maintain a good credit record.
10. Attend and actively participate in BSUCMPC’s annual/special general assembly and its other major activities or programs.

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**COMPLIANCE COMMITMENT CERTIFICATE**

I \_\_\_\_\_, after having received, read and understood the Code of Conduct & Ethical Responsibilities for members of the BSUCMPC, hereby commit to FULLY abide by its provisions & undertake to immediately report any violation thereof. I understand that any violation on my part of the provisions of the Code and related policies of the BSUCMPC may be subject to appropriate sanction/penalty as may be determined by the Board upon exercise of due process of law.

\_\_\_\_\_  
(Signature Over Printed Name)

\_\_\_\_\_  
(Date)



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BSUCMPC FORM 3

**MEMBERSHIP AND SUBSCRIPTION AGREEMENT**

\_\_\_\_\_  
Date

**THE BOARD OF DIRECTORS**  
**BSUCMPC**  
La Trinidad, Benguet

Ladies and Gentlemen:

I, \_\_\_\_\_, a resident of \_\_\_\_\_  
Hereby agree to be a member of the Benguet State University and Community Multipurpose Cooperative. I have attended the prescribed training course for perspective members and I understand the purpose and objectives of this cooperative.

In connection with such membership, I hereby agree to the following terms and conditions:

1. To comply with the provisions and articles of cooperation, by the by-laws and policies set by the Board of Directors, the General Assembly as well as act on duly constituted authorities, and failure on my part to do so, the BSUCMPC at its option may:
  - a. Fine
  - b. Suspend, or
  - c. Expel me from membership whereupon all my share holdings shall be answerable for my liabilities to BSUCMPC;
2. Attend all meetings, conferences and seminars as required by the BOD and failure on my part to do so unless previously excused by the BOD to suspend my rights and privileges;
3. To participate in the capital build-up and savings mobilization program of the cooperative by:
  - a. Subscribing at least 20 shares amounting to PHP 20,000.00 payable in 3 years
  - b. Paying the amount of PHP 5,000.00 as initial share capital, equivalent to 5 shares upon membership; PHP 100.00 membership fee; PHP 200.00 passbook fee and ID; PHP 1000 Mutual Assistance; and PHP 700.00 Hospitalization Assistance.
  - c. Flow back at least 50% of my dividend and patronage refund due to me
  - d. Continuously add to my share capital and savings deposit
4. To comply with the directives of duly constituted authorities as well as decision of the BOD regarding the operating policies of BSUCMPC.

The provisions of this agreement, Articles of Cooperation and By-laws have been provided and explained to me. I understood them and agree to abide with them.

In all of the above undertakings, I am aware that the BSUCMPC may impose sanctions against me or perform any act necessary to make the sanctions effective without going to court.

**IN WITNESS HEREOF**, I have affixed my signature / right thumb mark this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Signature over Printed Name



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BSUCMPC FORM 4

## MUTUAL ASSISTANCE AND HEALTH ASSISTANCE

Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

### Name of Beneficiaries

**A. Primary Beneficiary:** \_\_\_\_\_

Address: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

**B. Secondary Beneficiary:** \_\_\_\_\_

Address: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

## FEATURES OF THE MUTUAL AID BENEFIT and HEALTH ASSISTANCE

A cooperative is pooling resources to serve fellow men; same as coming to another's aid in moment of great need and crisis. Such is the concept of BSUCMPC Mutual and Hospitalization Assistance.

### OBJECTIVES:

- To provide mortuary aid to the family of deceased members.
- To deposit and save fund for hospitalization expenses.
- To strengthen membership concern and support to each other in times of crisis.

### TYPE:

- Death Aid – financial assistance depends on the number of members.
- Hospitalization Fund – financial assistance to regular members only once in 5 years of availment.

### CONTRIBUTIONS:

- Subscription fee for Mutual Assistance is Php 1000.00 upon application and membership fee to the Hospitalization Assistance is Php 700.00; certain amount will be deducted upon death and illness of a member. Once the fund is exhausted or depleted, members will be notified for replenishment.
- The Mutual and Hospitalization Assistance applies to regular members only.

### REQUIREMENTS AND PROCEDURES IN CLAIMING MUTUAL ASSISTANCE

- Death Certificate
- Proceeds of the benefit shall be given only to the legal claimants in the membership form declared by the member.
- The Death Assistance has to be claimed within one year after death of the member, otherwise it is forfeited.
- With at least 12 months' membership after completion of the required share capital of PHP 20,000.00
- Must not be delinquent on loan payments and not a co-maker-guarantor to a delinquent account.

### REQUIREMENTS AND PROCEDURES IN CLAIMING HEALTH ASSISTANCE

- Hospitalization assistance shall be given only to regular members and not applied to beneficiaries.
- Clinical Face Sheet/ Patients' Record from the Administration or Records' Section from the hospital.
- Sixty (60) hours hospitalization, to claim within 30 days only after hospitalization and no authorization.
- With at least 12 months' membership after completion of the required share capital of PHP 20,000.00
- Must not be delinquent on loan payments and not a co-maker to delinquent loan account.

## CERTIFICATION

I hereby certify that the above information is true and correct to the best of my knowledge and will abide to the requirements, policies and procedures in claiming of the said benefit/ assistance.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Signature over Printed Name