

<<<>>>HEALTH DECLARATION<<<>>>

HDF – 99(Adopted)Coop – Life Mutual Benefit Services Association, Inc.

CLIMBS No. _____ PB/Acct. No. _____ Coop/Group: NONESCOST MPC-Visayas

Name of Applicant _____ Occupation _____

Date of Birth (mm / dd /yy)____/____/____Age____Sex____Civil Status____Height____Weight _____

Beneficiary_____ Age _____ Relationship to the borrower _____

1. Have you ever been diagnosed of cancer?

Yes_____ No _____
2. Have you ever been diagnosed of HIV or AIDS?

Yes_____ No _____
3. At present are you aware of or have received advice

Yes_____ No _____

from your doctor that you are suffering from any illness?

If YES, please specify_____.

NOTE: IF #3 IS ANSWERED “YES” THEN THE LONG HEALTH DECLARATION FORM (HDF 2 – 99) MUST BE COMPLETED AND SUBMITTED TO CLIMBS TOGETHER WITH THIS FORM (HDF 1 –99). COVERAGE WILL NOT TAKE EFFECT UNTIL APPROVED BY CLIMBS. IF #3 IS ANSWERED “NO” THIS FORM SHOULD BE KEPT BY THE COOP AND SHOULD BE SUBMITTED ONLY WHEN THIS IS A CLAIM.

I DECLARE that to the best of my knowledge I am in good health and am able to perform the normal activities in the pursuit of my livelihood.
I FURTHER AGREE that CLIMBS shall not be liable for any claim on account of illness, injury, or death the cause of which was known prior to application of coverage but was withheld or cancelled in the above statements.
Herewith, I ALSO GIVE CONSENT AND AUTHORIZATION to CLIMBS to seek information from any doctor who has ever attended me from life assurance office to which a proposal on my life was made.

I UNDERSTAND that disqualification from coverage will entitle me only to a refund of premium.

Signed this _____ day of _____ 20_____

Applicants Printed Name & Signature

WITNESS: _____

Coop Manager/Loan Officer

Position

NOTE: This form must always be completed at the time of application for coverage, but should be submitted to CLIMBS only if Q#3 is answered “YES” (together with HDF 2- 99), or case of claim.

NONESCOST MULTI-PURPOSE COOPERATIVE –Visayas
(NONESCOST MPC-Visayas)

Rizal St., Aguilar Subd., Brgy. Poblacion I Sagay City Negros Occidental
Web: www.nonescostmpc.com / Email: admin@nonescostmpc.com
Contact #: (034) 722-1315 / Cel. #: 09399390437
CDA Reg. # 9520-06002105 / TIN #: 004-244-676
ISO Certified: 9001:2008

SAForm No. 01
Revision: 01

SUBSCRIPTION AGREEMENT FORM

DATE

THE BOARD OF DIRECTORS
NONESCOST MULTI-PURPOSE COOPERATIVE-Visayas
Rizal St. Aguilar Subd., Brgy. Poblacion 1, Sagay City Negros Occ.

Gentlemen:
I, _____, a regular/associate member of NONESCOST MPC-Visayas,
and a resident of _____,
would like to subscribe additional _____(_____) Common/Preferred shares valued at
_____ (P _____). I am authorizing the coop cashier to
deduct _____ (P _____)
every month from my salary/loan starting _____ until my subscribed shares are fully
paid.

IN WITNESS WHEREOF, I have set my hands this ____ day of _____20____
at Poblacion 1, Sagay City, Negros Occidental, Philippines.

Member’s Signature over Printed name

Righthand Thumbmark

NONESCOST MULTI-PURPOSE COOPERATIVE –Visayas
(NONESCOST MPC-Visayas)

Rizal St., Aguilar Subd., Brgy. Poblacion I Sagay City Negros Occidental
Web: www.nonescostmpc.com / Email: admin@nonescostmpc.com
Contact #: (034) 722-1315 / Cel. #: 09399390437
CDA Reg. # 9520-06002105 / TIN #: 004-244-676

ASSIGNMENT of Deposits and/or SHARE CAPITAL

I/We, the undersigned, for and in consideration of the loan obtained by me/us from the NONESCOST MPC-Visayas, in the amount of _____Pesos (Ps_____) as evidenced by the Promissory Note dated _____, 201__ executed by me/us, doe hereby assign in favor of the said Cooperative all my/our deposits, whether term or savings deposits, including share capital, which I/WE now have or hereafter may have except the amount of Ps. 400.00 share capital to qualify me/us to remain member/s of the cooperative.

Accordingly, I/We, jointly and severally, empower and authorize the said Cooperative at their option and without notice to set-off or apply to the payment of my/our own aforementioned loan together with its interest and penalty, in the event of my/our failure to pay the same after its maturity and without necessary of prior demand.

In witness whereof, I/We have hereunto signed our name/s this _____ day of _____, 20__, at Sagay City, Philippines.

Name & Signature of Maker

Name & Signature of Co-maker

With Martial Consent

With Martial Consent

Name & Signature of Co-maker

With Martial Consent

Signed in the presence of:
