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

HAPPYForm No. 01
Revision: 01

HEALTH ASSISTANCE PROGRAM FOR PARENTS AND YOUTH (HAPPY)

HAPPY No. _____
Passbook No. _____
Date_____

_____ _____ _____
Surname Given Name Middle Name

Present Address:_____Contact No._____

Date of Birth:_____AGE:_____Place of Birth:_____
SEX: ( ) Male ( ) Female CIVIL STATUS: ( ) Single ( ) Married ( ) Widow ( ) Separated

Employer's Name:_____Tel.No._____

Address:_____Position_____No. of Years ____

Basic Salary:_____Allowance:_____

BENEFICIARIES

(For married member)
Spouse Name: _____
Date of Birth_____Age:_____
Employer:_____
Address:_____
No. of Years:_____
Basic Salary:_____

(For Single member)
Father:_____Age _____
Mother: _____Age_____
Sisters: _____
Position _____ _____
Brothers: _____
Allowance: _____

CHILDREN AGE

1._____ _____
2._____ _____
3._____ _____
4._____ _____
5._____ _____

OTHER BENEFICIARIES
(If member does not have a spouse, children, or parents)

Name Relation Age
1. _____ _____ _____
2._____ _____ _____
3._____ _____ _____

I hereby authorize NONESCOST MPC office to deduct from my savings deposit the amount needed for my HAPPY FUND deposit and/ or for its replenishment after every member's confinement, and my annual membership fees.

I hereby certify further that the above statements are true and correct.

_____
SIGNATURE OVER PRINTED NAME

APPROVED:

_____
BOD Chairman

RECOMMENDED BY

_____
Signature Over Printed Name

HAPPY PLAN NO.	AMORTIZATION	AMOUNT OF AVAILMENT
1	3	1,000
2	7	2,000
3	10	3,000
4	14	4,000
5	19	5,000
6	25	6,000
7	32	7,000
8	41	8,000
9	56	9,000
10	84	10,000