



SECURITY FORCES AND CIVILIAN (SFaC) CREDIT COOPERATIVE

Unit 205 Petersen Building, Km.4, Pico, La Trinidad, Benguet
C.D.A. Reg. no. 9520-101400033795 Tin No.621-910-372-00000
Contact No. 0930-5524-922 FB Acct. Sfac Credit Coop



REGULAR MEMBERSHIP APPLICATION FORM

BASIC INFORMATION:

FAMILY NAME: _____ FIRST _____

MIDDLE NAME: _____ SUFFIX: _____

DATE OF BIRTH: _____ AGE: _____ PLACE OF BIRTH: _____

PRESENT ADDRESS: _____ OWNED _____ MORTGAGE _____ RENTING _____ LIVING WITH PARENTS OR RELATIVES

PERMANENT ADDRESS: (ONLY IF PRESENT ADDRESS IS DIFFERENT FROM PERMANENT ADDRESS)

CIVIL STATUS: _____ EDUCATIONAL ATTAINMENT: _____

CELLPHONE NO.: _____ TIN. NO.: _____

VALID ID. NO.: _____ ISSUED BY: _____ EXPIRY DATE: _____

OCCUPATION: _____

FOR EMPLOYED: NAME OF COMPANY: _____

POSITION AND YEARS IN SERVICE: _____

MONTHLY SALARY: _____

NAME OF SPOUSE (IF MARRIED): _____

DATE OF BIRTH: _____ AGE: _____ PLACE OF BIRTH: _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: (ONLY IF PRESENT ADDRESS IS DIFFERENT FROM PERMANENT ADDRESS)

CELLPHONE NO.: _____ EDUCATIONAL ATTAINMENT: _____

FOR EMPLOYED: NAME OF COMPANY: _____

POSITION AND YEARS IN SERVICE: _____

MONTHLY SALARY: _____

NAME OF DEPENDENTS:

RELATIONSHIP

NAME OF BENEFICIARY/IES

RELATIONSHIP

CONTACT PERSON IN CASE OF EMERGENCY: _____

RELATIONSHIP/NUMER: _____

I hereby apply to become:

- a Regular Member and hereby agree to the following:
 - a. I will pay the membership fee of
 - Php 200.00
 - b. I will subscribe for (200) share capital and pay at least (50) Share Capital upon membership
 - The remaining subscription is payable within Two (2) years from the date of membership approval.
 - c. I will participate in the Savings Mobilization and other Capital-Build Up Programs of SFaC CC by:
 - 1. Opening and maintaining a Regular Savings Account With minimum maintaining balance of One Hundred Pesos (Php 100.00)
 - 2. Abiding to the rules and regulations governing any savings product offered by SFaC CC that I choose to patronize.
 - d. I will patronize the business and services offered by SFaC CC.
 - e. I will attend and participate in the General Assembly Meetings and other Membership Education Programs of SFAC CC.
 - f. **QUALIFICATIONS:**
 - 1. I am at least Eighteen (18) years old.
 - 2. I am a resident of Ilocos Region or CAR.
 - 3. I completed the prescribed pre-membership education training.
 - 4. In case I cannot attend the Regular General Assembly, I will inform SFaC CC by submitting a letter addressed to the Board of Directors at least five (5) calendar days before the scheduled meeting.
 - 5. Pay the fine of Five Hundred Pesos (Php 500.00) if I am not excused and failed to attend the Regular General Assembly Meeting. Pay the fine of Three Hundred Pesos (Php 300.00) if I arrived late at the Regular General Assembly .
 - g. **LIFE SAVINGS FUND:** I have been oriented about the LIFE SAVINGS FUND program of SFaC CC and I have decided (choose one only)
 - to join the LIFE SAVINGS FUND Program
 - not to join at this time
 - h. I undertake to uphold and abide by the SFaC CC Bylaws, policies, guidelines, rules, and regulations promulgated by the General Assembly of the Board of Directors;

Membership Applicant's Signature over Printed Name

Date

REGULAR SAVINGS ACCOUNT AGREEMENT

I, _____ of legal age, married/single, have opened a Regular Savings Account bearing Number _____ on this ____ day of _____, 202____ hereby enters into an agreement with SFaC CC with the following terms and conditions:

1. The member must maintain a Regular Savings Account in his/her name upon membership approval as required in the By-laws.
2. Other Basic Savings Account may be opened any time.
3. The Regular Savings Account should have a maintaining balance of One Hundred Pesos (Php 100.00).
4. SFaC CC will pay interest based on the SAVINGS ACCOUNT POLICY OF THE COOPERATIVE with a rate of 5 % percent per annum.
5. Interest crediting will be credited at the end of the month.
6. The member can withdraw from the account anytime subject to the withdrawal limitations below:
 - a. The SFaC CC Teller is authorized to immediately disburse amounts of up to **Ten Thousand Pesos (P 10,000)** per Regular Savings Account;
 - b. Member may be requested to wait for up to 2 days for withdrawals greater than **Ten Thousand Pesos (P 10,000)** and 5 days for **One Hundred Thousand Pesos (P 100,000)**;
 - c. For withdrawals greater than **One Hundred Thousand Pesos (P 100,000)** members must notify SFAC CC at least one 2 weeks in advance;
 - d. A Member may authorize a representative to make a withdrawal for the Member and such representative must presents valid identification card, this passbook and a duly accomplished withdrawal slip before such withdrawal is made;
7. Regular Savings Account can be terminated however the maintaining balance can only be withdrawn upon approval of the termination of membership by the Board of Directors.
8. Regular Savings Account is a passbook-based account thus in case of loss, the member is required to execute an Affidavit of Loss and pay Fifty Pesos (Php 50.00) for passbook replacement.
9. SFaC CC reserves the right to amend the conditions stated above without prior notification as it deems necessary.

IN WITNESS WHEREOF, I here unto attached my signature this ____ day of _____ 202____, at La Trinidad, Benguet, Philippines.

MEMBER

Signature above Printed Name

HYLINE D. DELFIN
GENERAL MANAGER

SUBSCRIPTION CONTRACT

KNOW ALL MEN BY THESE PRESENTS:

I, the undersigned hereby subscribe for **TWENTY THOUSAND PESOS** or (200) Minimum shares and _____ or (_____) additional shares of the Common Stock With a par value of P100.00 share of **SECURITY FORCES AND CIVILLIAN CREDIT COOPERATIVE (SFAC)**, a cooperative duly organized and existing under the laws of the Philippines, registered ninth the Cooperative Development Authority (CDA) in accordance with the provisions of the Cooperative Code of the Philippines, I agree to pay the amount of **FIVE THOUSAND PESOS or 50 shares** for initial membership. For the remaining subscription payable and additional subscription, the following payment shall be applied:

A. _____ subscription balance payable within Two (2) years by making payments in installments of: (please circle one)

- | | | |
|------------------------------|------------------------------------|---------|
| <input type="radio"/> Daily | <input type="radio"/> Semi-monthly | P _____ |
| <input type="radio"/> Weekly | <input type="radio"/> Monthly | |

B. Additional shares payable in years by making payments in installments of: *(please circle one)*

- | | | |
|------------------------------|------------------------------------|---------|
| <input type="radio"/> Daily | <input type="radio"/> Semi-monthly | P _____ |
| <input type="radio"/> Weekly | <input type="radio"/> Monthly | |

It is hereby agreed that:

- i. Stock Certificate shall only be issued for every 20,000.00 worth of paid-up share capital.
- ii. Subscriptions not paid on due date shall be subject to fines and penalties as may be set by the Board of Directors or by the General Assembly or as stipulated in the Bylaws of SFaC CC.

IN WITNESS WHEREOF, the parties have caused these presents signed this _____ day of _____ 202_____ at La Trinidad, Philippines

SUBSCRIBER:

(Signature over printed name)

Signed in the presence of _____

SECRETARY

LIFE SAVINGS FUND

The Member, whose name appears above, and whose signature is affixed in this document, and the **SECURITY FORCES AND CIVILIAN (SFaC) CREDIT COOPERATIVE**, hereby agree to the following:

1. The ALUYON FUND is a system wherein the members of the cooperative make mandatory contributions to the family members of a SFaC CC Participating Member who dies during the period of the membership;
2. The COOPERATIVE shall collect an aggregate amount of Php 150.00 from each participating member as an initial advance contribution, payable immediately upon acceptance of the membership;
3. When a participating member is already qualified to receive the benefits/s of the fund (see LIFE SAVINGS FUND POLICY), the COOPERATIVE shall DEBIT the amount corresponding the LIFE SAVINGS FUND of the member.
4. The member will make Additional Advance Contribution in the following manner:

(Check one or more boxes that apply):

- The MEMBER authorizes SFaC CC to debit (check one circle only):
O P 100.00 O P 200.00 O P 300.00 O P 400.00 O P 500.00 from the **MEMBER'S Regular Savings Account**: Account No. _____ when the **MEMBER'S Balance of Advance Contribution** is below **P50.00**.
- The MEMBER shall make Additional Advance Contributions as needed if RSA is not sufficient.

5. Upon the death of the member herein, the COOPERATIVE, will release to his/her beneficiaries or heirs the total amount debited from all the participating members;
6. The member agrees to replenish the amount debited either via direct deposit or by other means of DEBIT as long as the same is authorized by the member;
7. For the purpose of this agreement, the member hereby names the following as his/ her beneficiaries;

NAME:

AGE:

RELATIONSHIP:

- | | | |
|----------|-------|-------|
| a. _____ | _____ | _____ |
| b. _____ | _____ | _____ |
| c. _____ | _____ | _____ |

8. The beneficiaries shall be in the order of preference as stated by the member above, and only one claimant shall be allowed, in the extreme event that all the above beneficiaries are unavailable, any person who shall provide for sufficient evidence as to the relationship with the claimants or as to the participation in the costs of the funeral of the member may be considered as a beneficiary;
9. For the purpose of proving the death of the Participating Member, a Certified Copy of the Death Certificate, or any similar document, such as a certification from the office of Muslim Affairs or a Certification from the Barangay and or any other documents required by SFaC CC. Bereavement committee may be created who determines the fact of death, may authorize the release of the Aluyon Fund Donation.
10. The coop reserves the right to make changes/amendment to this contract in the event.

In witness whereof, we have hereunto set our hands this _____ day of _____, 202____ at La Trinidad, Philippines.

MEMBER

HYLINE D. DELFIN

GENERAL MANAGER

SIGNATURE OVER PRINTED NAME