

## NATCCO MBAI APPLICATION FORM for BLIP and CLIP

**Cooperative:** \_\_\_\_\_ **Product:** ( ) BLIP ( ) CLIP / **Membership:** ( ) New ( ) Renewal

<b>Name:</b>		<b>Age:</b>	<b>Nationality:</b>
<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>	
<b>Address:</b>			
<b>Telephone/Mobile Nos.</b>		<b>Email address:</b>	
<b>Gender:</b> ( ) Male ( ) Female		<b>Status:</b> ( ) Married ( ) Single ( ) Widow/widower	
<b>Birth Date (mm/dd/yyyy):</b>	<b>Place of Birth:</b>	<b>Source of funds:</b>	
<b>Employment Status:</b> ( ) Employed ( ) Self-employed ( ) None		<b>Employer/Business Name &amp; Address:</b>	
<b>ID No:</b> TIN _____ SSS/GSIS _____ Other (pls. specify) _____		<b>Type of business:</b>	
<b>Mother's Maiden Name:</b>		<b>Occupation (state duties)</b>	

**Family member(s) that will be covered by Damayan:**

NAME	RELATIONSHIP TO INSURED	DATE OF BIRTH / AGE (mm/dd/yyyy)
<b>Adult Dependent: (Spouse OR Parent)</b>		
1.		/
<b>Minor Dependents: (Children OR Siblings)</b>		
2.		/
3.		/
4.		/

**Beneficiary(ies):**

NAME	RELATIONSHIP TO INSURED	DATE OF BIRTH / AGE (mm/dd/yyyy)
1.		/

**LOAN DETAILS:**

Loan amount: \_\_\_\_\_ Loan period: (no. of months) \_\_\_\_\_  
 Loan coverage: start date (mm/dd/yyyy): \_\_\_\_\_ end date (mm/dd/yyyy): \_\_\_\_\_

I hereby certify that the above information are all true and correct based on my knowledge. Moreover, I hereby accept the policies and guidelines of the NATCCO MBAI.

\_\_\_\_\_  
Signature of member over printed name

\_\_\_\_\_  
Application Date

**AUTHORITY TO CARRY PROXY VOTES (for Principal Member only)**

I, \_\_\_\_\_, of \_\_\_\_\_ having been enrolled and accepted as NATCCO MBAI member, do hereby authorize my primary cooperative to send delegate/s to carry their proxy votes to NATCCO MBAI Annual Meeting, including my proxy vote.

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature over printed name

**For Branch Staff only**

Share Capital		Damayan Contribution Amount	
Deposits		Damayan Period of Coverage	
Amount of Loan		O.R. / G.V. No.	
Term of Loan		<b>Coop Code</b>	

Prepared by: \_\_\_\_\_  
Printed name over signature / designation

Approved by: \_\_\_\_\_  
Printed name over signature / designation

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

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



# NATCCO MBAI HEALTH QUESTIONNAIRE

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

			Member-Borrower <input type="checkbox"/>	Date of Birth			
Last Name	First Name	Middle Name	Dependent <input type="checkbox"/>	mm/dd/yyyy	Age	Height	Weight

Please answer the following questions by checking the "Yes" or "No" box.

	YES	NO	Use this space or the reverse hereof to give full details, for item(s) with "Yes" answer. Indicate the date, symptoms, diagnosis, duration, treatment result, name of attending physician, name and address of hospital/clinic. All statements contained herein and all attachments hereto are hereby made part of this form.
A. Have you ever had medical consultation or treatment pertaining to:			
1. Brain or nervous system			
2. Lung or respiratory system			
3. Kidney or urinary system			
4. Heart or blood vessel			
5. Stomach or other abdominal organs			
6. Reproductive organs or breast			
7. Diabetes, cancer, tumor or blood diseases			
8. AIDS, HIV (Human Immuno-deficiency Virus) infection or a condition associated with either			
B. Have you ever had a positive blood test for AIDS or HIV infection?			
C. Have you ever had consultation, hospitalization or surgical operation due to any condition not mentioned above during the past 5 years?			
D. Have you had any mental impairment, physical defect, tumor or lump or abnormal growth in any part of your body?			
E. Have you ever had any major organ transplant?			
F. Have you ever had during the past 2 years:			
1. Loss of weight; dizzy spells; blood spitting; abnormality in breathing, urination or bowel movement; or unusual pain in any part of the body			
2. Medical examinations, X-ray, ECG, blood test or other diagnostic tests?			

I hereby certify that the above declarations are the most appropriate responses pertaining to my personal well-being. I understand that false information may be ground for contestability of insurance coverage. I further understand that the contestability period is within 6 months, from the effectivity of my insurance policy.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Member-Borrower/Dependent

\_\_\_\_\_  
Branch Manager

## AUTHORITY TO CARRY PROXY VOTES

I, \_\_\_\_\_, of \_\_\_\_\_ having been enrolled and  
(NAME OF MEMBER) (NAME OF PRIMARY COOP)

accepted as NATCCO MBA, Inc. member, do hereby authorize my primary cooperative to send delegates to carry their proxy votes to NATCCO MBA, Inc. including my proxy vote(s).

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature over printed name