



Philippine Cooperative Central Fund Federation (PCF)

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MEMBERSHIP FORM

We hereby apply for membership with the Philippine Cooperative Central Fund Federation (PCF). We promise to abide by the Articles, By-Laws and Policies of PCF.

Name of Cooperative:	
Coop CIN:	Coop TIN:
Address:	
Telephone No.:	Coop's E-mail Address:

Contact Person:	Position:
Mobile Number/s:	E-Mail Address:

ORGANIZATIONAL INFORMATION

Date Organized:	Organized By:	Type of Coop:
Date Registered:	CDA Reg. No.:	Area of Operation:

FINANCIAL INFORMATION

Total Assets:	Gross Loans Receivable:	Property & Equipment:
Total Liabilities:	Deposits:	Loans Payable:
Paid-up Shares:	Gen. Reserve Fund:	CETF:
Other Funds:		

COOP SERVICES

Main Service:
Other Services:

We want to be an affiliate of PCF because, _____

We will participate in the capital formation of PCF by pledging and subscribing the following capital shares:

- Common Shares (P1,000.00 par Value/Share, Earns Annual Dividends)
Number of shares: _____ Amount: P _____
- Preferred Shares (P1,000.00 par Value/Share, Earns Interest set by the Board)

Furthermore, we pledge to patronize the PCF programs and services. Specific to Deposit Products (Savings Deposit, Time Deposit, other Deposit). We will make an initial Savings/Time Deposit in the Amount of P _____.

In support of this application, we have forwarded herewith the following:

- Board Resolution to affiliate with the PCF
- Latest Audited Financial Statements
- Copy of the CDA Certificate of Registration
- Copy of the Coop's Articles and By-Laws
- Membership Fee of P1,000.00

AUTHORIZED REPRESENTATIVE SIGNATURE OVER PRINTED NAME

DATE SIGNED

PCF ACTION

() APPROVED () DISAPPROVED

Date: _____ By: _____

