



**1 COOPERATIVE INSURANCE SYSTEM OF THE PHILIPPINES
LIFE AND GENERAL INSURANCE (1 CISP)**

MEMBER'S DATA FORM

TYPE OF COOPERATIVE

PRIMARY

SECONDARY

TERTIARY

DATE ORGANIZED _____

DATE OF REGISTRATION (CDA) _____

REGISTRATION NO. (CDA) _____

CURRENT NO. OF MEMBERS _____

TIN _____

NAME OF COOPERATIVE

Bldg. Name (Unit/Rm/Flr #) No. Street Brgy./Village/Subdivision

City/Municipality Province Zip Code

Email: _____ **Website:** _____

Telephone No(s)/Mobile No(s) _____

Fax Number: _____ **Contact Person:** _____

OTHER AFFILIATIONS/ORGANIZATIONS

1. _____

2. _____

3. _____



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NAME OF OFFICERS

1. Chairman _____

2. President/CEO/General Manager _____

CURRENT MEMBER

DATE OF MEMBERSHIP WITH 1 CISP _____

AMOUNT OF CURRENT SHARE CAPITAL _____

TYPE OF SHARE/S: **COMMON:** _____ **PREFERRED:** _____

ADDITIONAL CAPITAL _____

TYPE: **COMMON:** _____ **PREFERRED:** _____

DATE OF PAYMENT _____

SOURCE OF COOP'S FUND _____

NEW MEMBER

TRANSFERRED BUSINESS

DATE OF MEMBERSHIP/SUBSCRIPTION _____

TYPE OF SHARE/S: **COMMON:** _____ **PREFERRED:** _____

AMOUNT OF SUBSCRIBED CAPITAL _____

DATE OF PAYMENT _____

SOURCE OF COOP'S FUND _____

TERM OF PAYMENT

FULL PAYMENT AMOUNT _____

INSTALLMENT PERIOD OF PAYMENT _____

AMOUNT OF INITIAL PAYMENT _____

Certified Correct:

SIGNATURE OVER PRINTED NAME
Position: