



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

APPLICATION FOR ADDITIONAL CAPITAL – PREFERRED

Date

THE BOARD OF DIRECTORS

1 Cooperative Insurance System of the Philippines
Life and General Insurance (1 CISP)
No. 11 Mapagbigay cor. Maunlad Sts., Brgy.
Pinyahan, Diliman, Quezon City

Sirs/Madams;

_____ hereby applies to the
Cooperative Insurance System of the Philippines Life and General Insurance (1CISP),
(Please check the appropriate box below).



FOR ADDITIONAL PREFERRED SHARE SUBSCRIPTION

1. On top of the paid-in-capital in the amount of _____ PESOS (Php _____)
Php 100.00 par value as of _____, an additional
preferred shares at Php100.00 par value per shares in the amount of
_____ PESOS (Php _____)
equivalent to _____ shares is hereby subscribed upon approval of this
application.
2. The balance of the aforesaid subscription shall be paid
_____ for _____ in the
amount of _____ PESOS (Php _____)
due not later than _____



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

We hereby agree/s to faithfully obey and comply:

1. With Cooperative rules and regulations on membership and subscription such as the following:

Subscribe a minimum of _____ (____) shares and initially pay _____ (____) share at P100.00 par value as a requirement for membership;

2. Comply with all the provisions of the covering previously signed Membership and Subscription Agreement;
3. Other rules and regulations set forth in the Cooperative's by-laws and articles of cooperation with amendments thereof, or elsewhere, and the decision of the general membership meeting as well as those of the Board of Directors; and
4. As well as those applicable rules and regulations under the Cooperative Development Authority and the Insurance Commission.

In compliance with the requirements of this application, attached for reference are the following:

1. Secretary's Certificate Approving said investment;
2. Billing Statement; and
3. Deposit Slip.

Very truly yours,

SIGNATURE OVER PRINTED NAME
Position:



**ADDITIONAL CAPITAL – PREFERRED
MODE OF PAYMENT**

_____ Date

FULL PAYMENT

1. That the COOPERATIVE shall pay the 1 CISP the sum of _____ PESOS (Php_____) equivalent to _____ (_____) shares at Php100 per value per share for the subscription in preferred shares.

INSTALLMENT

1. That the total price for _____ (_____) shares shall be _____ (Php _____), payable in annual basis as follows:
- a. **INITIAL PAYMENT.** _____ (Php _____) shall be paid by the COOPERATIVE to the 1CISP;
- b. **SUBSCRIPTION BALANCE.** The balance of the foresaid subscription shall be paid by the COOPERATIVE to the 1CISP not later than _____, details payment of which is as follows:

Monthly Quarterly Annually

AMOUNT	DATE OF PAYMENT	BALANCE AS OF PAYMENT

SIGNATURE OVER PRINTED NAME
1CISP Application for Additional Capital – Page 3 of 4

Position: