



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

**MEMBERSHIP AND SUBSCRIPTION
APPLICATION FOR PREFERRED SHARES**

_____ 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/Mesdames:

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

AS NEW MEMBER

1. Subscribe _____ (Php_____) preferred shares equivalent to _____ shares at P100.00 par value per share and initial pay _____ (_____) shares in the amount of _____ PESOS (Php_____) upon approval of this application.
2. The balance of the aforesaid subscription shall be paid for in (installment/lump sum) _____ in the amount of _____ PESOS (Php_____) (monthly/quarterly) _____ due not later than _____.

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 Membership and Subscription Agreement.



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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.
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. Three (3) Copies of Member's Data Form
2. Three (3) Copies of Membership and Subscription Application
3. Three (3) Copies of Membership and Subscription Agreement
4. Secretary's Certificate Approving said investment
5. Certificate of Registration issued by CDA
6. Photocopy of one (1) valid ID issued by an official agency bearing the photograph and signature of the signatories.

Very truly yours,

SIGNATURE OVER PRINTED NAME

Position: