



SAMAHANG KOOPERATIBA NG M. LHUILLIER PAWNSHOPS EMPLOYEES

Makati Office: Heart Tower Condo. 108 Valero St.,
Salcedo Village Makati City, 1227

Cebu Office: Room 202 ML Building Borromeo Street, Pahina
Central Cebu City Philippines, 6000

Contact Nos. : Telefax (02)843-2485 Trunklines:
8137004-09 loc. 61

Contact Nos.: Direct Lines: (032) 255-3639/418-4644
CellPhone: 09209545447

MEMBERSHIP INFORMATION SHEET

NAME: _____ BRANCH & AREA MANAGER: _____
HOME ADDRESS: _____
TELEPHONE: _____ CELLPHONE: _____
PROVINCIAL ADDRESS: _____
HIGHEST EDUCATIONAL ATTAINMENT: _____
BIRTH DATE: _____ CIVIL STATUS: _____ SEX: _____
EMPLOYER'S NAME: _____ OFFICE TEL. NUMBER: _____
OFFICE/BRANCH ADDRESS: _____
DESIGNATION: _____ NET SALARY: _____
FATHER'S NAME: _____ MOTHER'S NAME: _____
PARENTS ADDRESS: _____
EMPLOYMENT STATUS: REGULAR PROBATIONARY TRAINEE

B E N E F I C I A R I E S

	NAME	BIRTHDATE	RELATIONSHIP	OCCUPATION
1.				
2.				
3.				
4.				
5.				

R E F E R E N C E S

	NAME	ADDRESS	OFFICE/RESIDENCE CONTACT NUMBER
1.			
2.			
3.			

P R E - M E M B E R S H I P E D U C A T I O N S E M I N A R (P M E S)

VENUE: _____
FACILATATOR/S: _____

DATE ATTENDED: _____

I hereby certify that the above informations are true and correct.

MEMBER'S PRINTED NAME and SIGNATURE _____
DATE: _____ I.D. No.: _____
BRANCH/DEPARTMENT: _____
BANK NAME: _____
ACCOUNT NO.: _____



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PAYROLL DEDUCTION AUTHORITY

I _____, hereby authorize the payroll department of **MLhuillier Financial Services, Inc.** to deduct from my salary every _____ of the month the sum _____ (P _____) and remit the same to **SAMAHANG KOOPERATIBA NG MLHUILLIER PAWNSHOPS EMPLOYEES** as part of my **capital build-up or fixed deposit.**

EFFECTIVE DATE OF PAYROLL DEDUCTION: _____

MEMBER'S PRINTED NAME & SIGNATURE
DATE: _____

BRANCH/DEPARTMENT: _____
RM/AREA/DEP'T./DIV. MANAGER: _____



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EFFECTIVE DATE OF PAYROLL DEDUCTION: _____

MEMBER'S PRINTED NAME & SIGNATURE
DATE: _____

BRANCH/DEPARTMENT: _____
RM/AREA/DEP'T./DIV. MANAGER: _____



SAMAHANG KOOPERATIBA NG M. LHUILLIER PAWN SHOPS EMPLOYEES

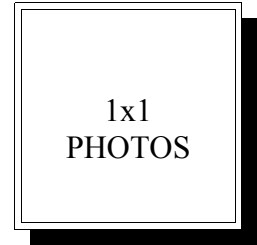
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APPLICATION OF MEMBERSHIP (MEMBERSHIP SUBSCRIPTION AGREEMENT)



DATE: _____

THE BOARD OF DIRECTORS
SAKO

I, _____ with ID number _____, here agree to be a member of the SAMAHANG KOOPERATIBA ng MLHUILLIER PAWN SHOPS EMPLOYEES. I have completed the prescribed training course for prospective members and I understand the purpose and objectives of this cooperative. I hereby pledge to abide with the following terms and conditions:

- I. To comply with the provisions of the Articles of Cooperation, the By-Laws and Policies set by the Board, the General Assembly as well as acts of duly constituted authorities, and failure on my part to do so, the cooperative at its option may:
 - a. Find
 - b. Suspend or
 - c. Expel me from membership whereupon all my shareholdings in, shall be answerable for my liabilities to the cooperative.
 - d. Attend and finish the prescribed membership education course.
 - e. Pay the membership fee of FIFTY PESOS ONLY (P 50.00)
 - f. Participate in the SAKO's capital build-up program through a regular payroll deduction and contribute to my equity part of all of the annual interest on capital and patronage refund due me from the Cooperative subject to the policies set by the Board of Directors.
 - g. To attend all meetings, conferences and seminars required by the Board of Directors and the By-Laws.
 - h. Comply with the directives of duly constituted authorities as well as the decisions of the Board regarding the operating policies of the cooperative.

The provisions of this agreement, the Articles of Cooperation and By-Laws have been explained to me.

IN WITNESS HEREOF, I have hereunto affixed my signature this _____ day of _____, 20____.

APPLICATION APPROVED BY:
MEMBERSHIP COMMITTEE:

MEMBER'S SIGNATURE OVER PRINTED NAME

SIGNATURE OVER PRINTED NAME

MEMBERSHIP FEE: _____

DATE PAID: _____

OR NO.: _____