



One Cooperative Bank (One CB)

Main Office: IDC Centre, Kalayaan Avenue, corner Zapote St. Brgy. Sta.Cruz, Makati City

CDA Registration No.: 9520-201600000052740

Landline: (02) 8897-9046

Email: onecb@onecooperativebank.com

Website: www.onecooperativebank.com

MEMBERSHIP FORM

Regular Member

Preferred Member __B__D__E

Name of Cooperative:			
Office Address:			
Mobile:	Telephone:	Fax:	E-Mail:
Type of Cooperative:		Category of Cooperative: <i>(Primary, Secondary, Tertiary)</i>	
CDA Registration No. & Date Registered:		Tax Identification No. (TIN):	
Services/Business:			
Affiliations:			
Area of Operation & Membership:			
Total # of Members: Regular - _____ Associate - _____ as of (cut-off period)			
Board of Directors:			
Name of Authorized Representative with One CB/Position:			
Proposed Total Paid-Up Capital:		No. of Shares:	
Requirements: <ul style="list-style-type: none"> ❖ Subscription Contract (3 copies) ❖ Board Resolution (Membership & Deposit Account) ❖ CDA Certificate of Registration ❖ CDA Certificate of Compliance ❖ Articles of Cooperation & By-Laws ❖ Latest Audited Financial Statements ❖ Payment: 		_____ Authorized Representative (Please signed over printed name)	
1) Paid-Up Capital Regular Member P _____ P100,000.00 <i>(initial of P25,000 and the remaining balance is payable within 2 years)</i>		Date:	
2) Paid-Up Capital Associate Member P _____ P8,000.00 <i>(initial of P2,000 and the remaining balance is payable within 2 years)</i>			
3) Opening of Account P 5,000.00 for New Members Only			
4) Membership Fee P 1,000.00 for New Members Only			
<i>Note: Membership is subject to prior acceptance, through approval from the BOD of One CB.</i>			

