



**NUEVA SEGOVIA CONSORTIUM OF COOPERATIVES  
MUTUAL BENEFIT ASSOCIATION, INC.**

NSCC Plaza, Caoayan, Ilocos Sur  
Tel #: 722-3281; Email: nscmbai@gmail.com



**APPLICATION FOR MEMBERSHIP**

<b>BRANCH:</b>  _____	<b>CENTER:</b>  _____	<b>DATE FILED:</b>  _____	<b>DATE OF PAYMENT FIRST CONTRIBUTION</b>  _____
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**FIRST NAME:** \_\_\_\_\_  
**MIDDLE NAME:** \_\_\_\_\_  
**LAST NAME:** \_\_\_\_\_  
**SEX**  MALE  FEMALE  
**CIVIL STATUS**  SINGLE  MARRIED  WIDOW/ER  SEPARATED  
**DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_  
**HOME ADDRESS:** \_\_\_\_\_

<b>SOURCE OF INCOME</b>				
<b>TIN:</b>	<b>SSS /GSIS No.:</b>		<b>OTHER (Please Specify):</b>	
<b>DEPENDENTS</b>	<b>AGE</b>	<b>BIRTHDATE</b>	<b>RELATIONSHIP</b>	<b>DOCUMENTS SUBMITTED (Please Specify)</b>

*If married, please attach the Marriage Certificate of the applicant and Birth Certificate/s of legal and legally adopted child/ren (if any). If single, please attach the Birth Certificate of the applicant and Birth Certificate of legal parent (if any). If single mother/father, please attach the Birth Certificate of the applicant and Birth Certificate/s of biological / legal child/ren (if any). If common law partner, please attach Certificate of No Marriage, Barangay Certification or Affidavit of Cohabitation.*

<b>NAME OF DESIGNATED BENEFICIARIES</b>	<b>BIRTHDATE</b>	<b>RELATIONSHIP</b>

*I hereby state and declare that all the answers contained herein are true and correct and I fully understand that willful misstatement in this application that would render me eligible for insurance when I would otherwise be ineligible shall be sufficient cause for the cancellation of my membership in the Association at any time such misstatement is known. In addition, the Association has no obligation on whatever claims I will file, except for the refund of my contributions if misstatement is known during claims validation.*

*I understand that after my certificate of membership has been in-force for one year from its effective date or last reinstatement date, NSCC MBA cannot contest my membership except for non-payment of contributions or any other grounds recognized by law and jurisprudence.*

\_\_\_\_\_  
**SIGNATURE OF APPLICANT / MEMBER**

DATE: \_\_\_\_\_



**THUMB MARK**

<p style="text-align: center;"><b>PROCESSED BY:</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>MBA STAFF</b></p> <p>Date: _____</p>	<p style="text-align: center;"><b>APPROVED BY:</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>BRANCH MANAGER</b></p> <p>Date: _____</p>	<p style="text-align: center;"><b>CONCURRED BY:</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>GENERAL MANAGER</b></p> <p>Date: _____</p>
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