

## **5-YEAR LOCK-IN SAVINGS PROGRAM**

Date:\_\_\_\_\_

## **REQUIREMENTS**

\*Photocopy of company Valid ID (front and back portion)

\*Photocopy of Government Valid ID (front and back portion)

MEMBER'S INFORMATION	MODE OF REMITTANCE
FULL NAME:	
MEMBER'S NAME: (IF ALLOTTEE)	DEDUCTION FROM ALLOTMENT (FOR CREW & ALLOTTEE)
COMPANY ID NO.: POSITION:	Name of Allottee (\$_AMT of Allotment)
HOME ADDRESS:	PAYROLL DEDUCTION (FOR EMPLOYEES)
EMAIL ADDRESS:	
CONTACT NO.: COMPANY/BUSINESS:	ADA (BPI OR BDO)
COMPANY MANAGER:	
CONTRACT PERIOD:	☐ PDC
ONE-TIME CASH OUT	
Amount of Deposit:	/ DLID
In Word:	(PHP)
I hereby authorized MagCoop Multipurpose Cooperative to deduct from my salary as my monthly savings the amount of	
I hereby authorized MagCoop Multipurpose Cooperative to deduct from my salary as my monthly sav ( PHP ) for the period of 20 for the total of	month(s) from 20 to ).
NAME AND SIGNATURE	
MODE OF DIVIDEND PAYOUT	
ANNUAL [	UPON MATURITY OF 5 YEAR TERM
PROCESSED BY	CHECKED BY
or	
Loans & Investment Evaluator / Membership Officer	Loans and Investment Manager
RECOMMENDING APPROVAL	
Operations Manager	Accounting
APPROVED BY	
or	
Treasurer	<b>Board of Director</b> cc: Internal Audit