

PART I MEMBER'S INFORMATION					
OIC BRANCH:			DATE APPLIED:		
LAST NAME		FIRST NAME		MIDDLE NAME	NAME EXTENSION (e.g., Jr., II)
DATE OF BIRTH (MM/DD/YR)	PLACE OF BIRTH	OCCUPATION	SEX	MARITAL STATUS	
			<input type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Widower <input type="checkbox"/> Annulled
			<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Legally Separated
TIN	EMAIL ADDRESS	CONTACT No.			
PRESENT ADDRESS Floor/No., Building/Street, Subdivision/Village, Barangay Municipality/ City ZIP CODE					
PERMANENT ADDRESS Floor/No., Building/Street, Subdivision/Village, Barangay Municipality/ City ZIP CODE					
NAME OF SPOUSE			OIC MEMBER <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/> IF YES, BRANCH
NAME OF PERSON/S INFECTED WITH COVID-19 IN THE FAMILY			AGE	RELATIONSHIP TO THE MEMBER	DATE OF DEATH (IF APPLICABLE)
NAME OF CLAIMANT			CONTACT No.	RELATIONSHIP TO THE MEMBER	
ADDRESS OF CLAIMANT					
MODE OF CLAIM: <i>(Kindly check your preference)</i>					
<input type="checkbox"/> At the Branch		<input type="checkbox"/> Deposit to ATM Account		<input type="checkbox"/> Deposit to Regular Savings Account	
PART II TO BE ACCOMPLISHED BY THE BRANCH					
DATE ACCEPTED:	NO. OF YEARS AS MEMBER	CID NO.	SHARE CAPITAL BALANCE	MEMBER CLASSIFICATION	
AMOUNT OF CASH ASSISTANCE	REMARKS				
PROCESSED AND VERIFIED BY:	DATE	APPROVED BY:		DATE	
DV/JV NO.	DATE	BANK AND CHEQUE NO.	RECEIVED BY CLAIMANT: <i>(if claim in the branch)</i>		DATE
SIGNATURE OVER PRINTED NAME					
PART III TO BE ACCOMPLISH BY THE HEAD OFFICE					
ENCODED BY:	DATE	VERIFIED BY:		DATE	
REMARKS					
ATTACHMENTS <i>(Note: Bring the Original Copy for Authentication)</i>					
Completely fill-in and attach the following:					
1. Positive result of RT-PCR test (saliva or swab) (member or immediate family entitled for the assistance)			7. Photocopy of Affidavit of Two Disinterested Person (if claimant/deceased has discrepancy in the document)		
2. Photocopy of valid ID of member			8. Member's classification report		
3. Photocopy of valid ID of claimant (if other than the member)			9. Member's customer report/history		
4. Photocopy of valid ID of entitled immediate family			10. Photocopy of Birth certificate (if claimant is/are the child/ren or the claim is for member's child)		
5. Photocopy of death certificate of member or entitled immediate family			11. Authorization letter (if claimant is other than the member)		
6. Photocopy of Marriage Contract (if claim by spouse or the assistance is for immediate family)					

DATE RECEIVED/INITIAL:

BRANCH: _____

HO IN-CHARGE: _____