

A. Application

I, the undersigned, herein referred to as "Depositor", whose name, personal data, and other information are as inscribed in the schedule below, written by me or under my direction, hereby apply for OIC Youth Savings Deposit Agreement, herein referred to as "Youth Savings", of Oro Integrated Cooperative (OIC) herein referred to as the "Cooperative".

I acknowledge that the terms of the savings are set out below and in the corresponding Youth Savings Specifications. I have received, read, and agreed to the terms therein.

I certify the information set out below is correct and agree to provide any further information which may be required in connection with the registration and administration of the plan.

B. Depositor Information

First Name				Middle Name				Last Name				Suffix	
Date of Birth	Month	Day	Year	Age	Gender	M	F	Home Address					

Custodial Parent / Guardian Information													
First Name				Middle Name				Last Name				Suffix	
Date of Birth	Month	Day	Year	Age	Gender	M	F	Relationship to Depositor		Civil Status		OIC Member <input type="checkbox"/> Yes <input type="checkbox"/> No	
Present Address							Home Address						

C. Youth Savings Specifications

1. Product Characteristics and Features

a. Minimum opening amount is P150 only.

Initial deposit	P 100.00
Insurance	P 50.00

b. Interest rate per annum is 2%, computed based on the daily average balance.

c. Maintaining balance is P200 only

d. Interest earned is capitalized at the end of each quarter.

e. Interest earned is free of withholding tax.

2. Terms and Conditions

- a. No withdrawals shall be made for 1 year starting from the date of opening to encourage savings build up
- b. Withdrawals can only be made after the 1 year holding period.
- c. Youth Savings cannot be used as deposit counterpart for loan.
- d. Surcharge of P10 per transaction if an account falls below the minimum balance.
- e. Membership fee and miscellaneous fee will be waived upon transfer to Regular Membership if the Youth Savings Account is at least two years.

I HEREBY DECLARE THAT THE INFORMATION GIVEN IN THIS DOCUMENT IS TRUE, CORRECT AND COMPLETE IN EVERY RESPECT. I promise to abide to the terms and conditions set forth in the policy of OIC Youth Savings without any reservations, upon approval of my application.

Signed this ____ day of _____, _____ at _____.

DEPOSITOR SIGNATURE OVER PRINTED NAME

DATE SIGNED _____

SIGNATURE OF AUTHORIZED PERSONNEL

DATE SIGNED _____

TO BE FILLED OUT BY OIC PERSONNEL

Youth Savings Account Number								Customer ID Number	Initial Deposit	Date Opened	O.R. Number
		-					-				