



# SAKAY TRANSPORT SERVICE COOPERATIVE

TUCP-PGEA Compound Maharlika cor. Masaya St. Elliptical Rd. Capitol Site, Diliman Quezon City

Cell nos: 09473170783 / 09456374204 Email address: [sakaycoop@gmail.com](mailto:sakaycoop@gmail.com)

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

## MEMBERSHIP APPLICATION

### PERSONAL DATA: (PLEASE PRINT LEGIBLY)

Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Civil Status \_\_\_\_\_ Name of Spouse \_\_\_\_\_ No. of Dependents \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Contact No. \_\_\_\_\_ E-Mail Add: \_\_\_\_\_ TIN \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ Blood type \_\_\_\_\_ SSS No. \_\_\_\_\_  
Employer /Agency \_\_\_\_\_ Religion \_\_\_\_\_ Educational attainment \_\_\_\_\_  
Designation \_\_\_\_\_ (2W or 4W) Hub assignment: \_\_\_\_\_ Date of Employment \_\_\_\_\_  
In case of Emergency contact person (Relationship) \_\_\_\_\_ Contact # \_\_\_\_\_

Beneficiary(ies)	Date of Birth of Beneficiary(ies)	Relationship to Member

I have made and certify that the information as true and accurate as of the date first above indicated; and agree that same data shall be verified by **Sakay Transport Service Cooperative** In the absence of any notice shall be considered as a continuing statement; and I agree and undertake that any material change in any the foregoing shall be formally noticed to SAKAYTSCo.

\_\_\_\_\_  
Signature over Printed Name of Applicant

## MEMBERSHIP PLEDGE

I, \_\_\_\_\_, a \_\_\_\_\_ (Designation), presently a \_\_\_\_\_ of \_\_\_\_\_; hereby apply for membership in the SAKAY TRANSPORT SERVICE COOPERATIVE pledging to abide by its By-laws and Regulations as maybe approved by the Cooperative Development Authority (CDA) and/or the SAKAY TRANSPORT SERVICE COOPERATIVE Board of Directors/Trustees and here at do hereby AGREE, solemnly promise, and unequivocally undertake, to perform (or guaranty performance of) the following **COMMITMENTS**:

1. To pay the **Membership Fee of Five Hundred Pesos (P 500.00)**, to be collected in full or in staggered payments, after which I am entitled to the benefits of a Regular Member upon completion of the required amount, which is non-refundable upon my membership withdrawal;
2. To pay the **Monthly Contribution of Four Hundred Pesos (P 400.00)** or through **weekly** payment of **One Hundred Pesos (P 100.00)**. I also pledge to subscribe One Hundred (100) SHARES with a total value of **Ten Thousand Pesos (P 10,000.00)**, payment of which is part of my monthly contribution amounting to P150.00 as Share Capital. Payments/contribution made by me in excess of my Share Capital (P10,0000) will be considered as my savings deposits.
3. To **patronize** the business and services of SAKAYTSC, **participate** in education programs and other activities/affairs of SAKAYTSC, **attend and participate** in General Assembly meetings, and **observe and obey** all orders, rules and regulations, and decisions of the General Assembly.

The **Treasurer/Cashier** of Sakay Transport Service Cooperative is also hereby authorized to collect from the paymaster of member's Agency, out of my service fee the sum indicated above together with the required membership fee via automatic service fee deduction or direct deduction/debit.

*Done this day \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_.*

\_\_\_\_\_  
Print Name and Signature

Attested by: \_\_\_\_\_

# Individual's Application for Group Insurance (Health Declaration)

In the Philippines, this group insurance product is provided by Sun Life Grepa Financial, Inc., a joint venture of Sun Life and the Yuchengco Group of Companies.

In this application, **you** and **your** refer to the person being insured whose information we are processing or disclosing. **We, us, our** and **the Company** refer to Sun Life Grepa Financial, Inc.

PRINT clearly. Use BLACK ink. Indicate N/A if question is not applicable.

1 General Information

Last Name		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Others, specify	
First Name		<input type="checkbox"/> Single <input type="checkbox"/> Legally Separated		<input type="checkbox"/> Married <input type="checkbox"/> Widowed	
Middle Name		Date of Birth (day/month/year)			
Present Residence Address No., Street, Village/Subdivision, Barangay (P.O. Box is not acceptable)		City/Municipality		Province/State	
				Country	
				Zip Code	
Home Phone No. <small>(country code, area code, PTE no. &amp; tel. no.)</small>		Work Phone No. <small>(country code, area code, PTE no. &amp; tel. no.)</small>		Mobile Phone No. <small>(country code &amp; mobile no.)</small>	
				E-mail Address	

Beneficiary(ies)

Full Name (Last Name, First Name, Middle Name)	Date of Birth (day/month/year)	Relationship to Member
<div></div>		

Note: All nominations of beneficiaries are revocable unless otherwise specified.

2 Health Declaration

You are (i) between eighteen (18) to sixty-five (65) years old; (ii) physically and mentally healthy; (iii) have never had any congenital birth disease, heart disease, high blood pressure, lung or kidney ailment, tumor, mass or cancer or any other physical impairment; (iv) have not undergone operations, any medical procedure, including surgical diagnostic procedures nor have been hospitalized; and (v) have not been treated for any illness in the past twelve (12) months.

3 Signatures

By signing, you acknowledge/agree that:

- a. The answers and declarations made on this application are complete and true. You agree and understand that any concealment or misrepresentation which renders any one or all of the declaration made in (i) to (v) false may be a ground for rescission of the insurance coverage and denial of future claims.
- b. You have a continuing obligation to promptly disclose to the Company any incorrect declaration, whether intentional or unintentional, [within one (1) year, maximum of two (2) years] from the effective date of your insurance coverage or from last reinstatement. Failure to do so shall give the Company the unequivocal right to contest claims, adjust or rescind your coverage in accordance with the policy contract even if the insured's death occurs [within one (1) year, maximum of two (2) years] from the effective date of the insurance coverage or from last reinstatement.
- c. Fraudulent misrepresentation or concealment may give rise to criminal prosecution under applicable laws.
- d. Your insurance shall become effective in accordance with the terms and conditions of the group policy for which this application is made provided that you are Actively-At-Work or actively performing normal daily activities on a full-time basis and the premium corresponding to your insurance coverage has been paid.
- e. You agree that the Company shall process your personal data to: a) evaluate your application and administer your account; b) process claims and enforce/fulfill contractual rights/obligations; c) improve the provision of products and services (including improvement in systems and business processes, data analytics, automated processing, etc.); d) comply with legal obligations, as well as laws and regulations (domestic or foreign); and e) manage risks and pursue its legitimate interests, including verification and obtaining additional personal data from third party sources. The Company may disclose your personal data to its affiliates, service providers, and other third parties for processing consistent with the foregoing purposes, who shall be bound by contractual or other reasonable means to protect your personal data. Your personal data shall be retained for the duration of your coverage under your plan or existence of your account(s) and/or upon the later of the expiration of the retention limit set by Company standards, laws, and regulations, counted from account closure. You certify that you understand and agree with the declarations and authorizations above and the Company's privacy policy at [https://www.sunlifegrepa.com/upload/files/Sun\\_Life\\_Grepa\\_Policy\\_Privacy\\_Statement.pdf](https://www.sunlifegrepa.com/upload/files/Sun_Life_Grepa_Policy_Privacy_Statement.pdf)
- f. You will indemnify, hold free and harmless the Company, its affiliates, directors, employees, legal representatives, and assignees against loss and damage from any claims and/or actions made by any third person including the parties to the policy or their representatives in relation to the processing of this application form.
- g. If any provisions herein are determined by a court of competent jurisdiction to be invalid or unenforceable, such determination shall not affect the validity or enforceability of the rest of the provisions.

Signature of Member	Full Name of Member	
Signature of Witness	Full Name of Witness	Company Name
Place of Signing	Date of Signing (day/month/year)	



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To: All Delivery Service Contractors/Backroom/Office staff  
Re: SAKAY Membership

Pinahihintulutan ko ang aking Ahensiya ng \_\_\_\_\_ na iawas sa aking sahod ang sumusunod:

- ☐ Sakay Membership Fee – Php 500.00 (ikakaltas sa Cash Bond)
- ☐ Contribution – 100.00 Weekly Deductions.
- ☐ Sakay Damayan (Pass the Hat Abuloy) – **will only be deducted** immediately after "every death" of a Sakay member.
- ☐ Sakay Extended Damayan - **will only be deducted** during member's hospitalization due to accident or life-threatening illness or fire incident
- ☐ Sakay Extended Damayan (Immediate Family) - will only be deducted during Hospitalization due to Serious illness or Life-Threatening Situation and Death of a Sakay Member's Immediate Family Member

With the conformity of the Contractor:

\_\_\_\_\_  
Riders Name and Signature /Date



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## MEMBERSHIP SUBSCRIPTION CONTRACT

The undersigned hereby offers to subscribe for the capital share as approved by the Board of Directors of the SAKAY TRANSPORT SERVICE COOPERATIVE (STSC) and as set forth in this Subscription Agreement.

By execution of this Subscription Agreement, the undersigned hereby acknowledges that the undersigned **UNDERSTANDS AND AGREES** to patronize and support the business and products/services of STSC, and to comply with its obligations, as follows:

1. To comply with the provisions of the Articles of Cooperation, the By-laws, the policies set by the Board, the General Assembly, as well as the acts/directives of duly constituted authorities, and that, failure on my part to do so, the SAKAY TRANSPORT SERVICE COOPERATIVE at its option, may:
  - a) Fine,
  - b) Suspend; or
  - c) Expel me from membership, whereupon my liabilities to the STSC (if any) shall be chargeable against my shareholdings.
2. To pay the membership fee of Php 500.00 (or as may be determined by the BOD).
3. To participate in the **CAPITAL BUILD-UP PROGRAM** for the continuing growth of the members' investment in SAKAY cooperative, and steadily improve thrift and savings programs of the cooperative by:
  - a) Subscribing for at least a total of One Hundred (100) SHARES with a total value of TEN THOUSAND PESOS (Php 10,000.00). I pledge to pay my subscription in monthly installments, payable in weekly installment of Php 37.50;
  - b) I agree with the minimum monthly contribution to the SHARE CAPITAL which is ONE HUNDRED FIFTY PESOS (Php 150.00) (or as may be determined by the BOD) and I will continue to pay this amount until I have paid TEN THOUSAND PESOS (Php 10,000.00);
  - c) Contributing at least 2% of the annual interest on capital (or as may be determined by the BOD) and the patronage refund due me.
4. To ensure that my signed Authority to Deduct Agreement is enforced and fully complied with.
5. To pay through payroll deductions or through its Treasurer or Cashier or through any financial platform or channel or entity, the following:
  - a) The amount of FIFTY PESOS (Php 50.00) as "pass the hat" or ABULOY, for every Death of a SAKAY Transport Coop regular member as a coop compulsory SPECIAL contribution;
  - b) The deductions for the accident, Hospitalization due to Life threatening situation of member/beneficiary, 3<sup>rd</sup> party accident, and fire incident under the policies of the Extended Damayan Program;
  - c) The amount of SEVENTY FIVE PESOS (Php 75.00), thru weekly installment of Php 18.75, as payment for the availment of the Safety App/Operational cost; and
  - d) The amount of SEVENTY FIVE PESOS (Php 75.00), thru weekly installment of Php 18.75, as payment for the availment of the Life and Accident Group Insurances.
  - e) The amount of ONE HUNDRED PESOS (Php 100.00), thru weekly installment of Php 25.00, as contingency fund for Extended Damayan program.

By affixing my signature below, I am fully aware and have understood the provisions of this Agreement, the Articles of Cooperation and By-laws, and agree to abide by the abovementioned conditions as well as the imposition of sanction(s) against me in case/s of commission of acts not in accordance or against the above- said provisions.

IN WITNESS HEREOF, I have hereunto affixed my signature and right-hand thumb mark this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_\_.

\_\_\_\_\_  
Signature over Printed Name

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

Hub: \_\_\_\_\_

\_\_\_\_\_  
(Place)

Contact No.: \_\_\_\_\_