CCOMMUNITY CREW	<b>BAGUIO-BENGUET COMMUNITY CREDIT COOPERATIVE</b> No. 56 Cooperative Street, Assumption Road	
	2600, Baguio City, Philippines	
	Tel No. (074)442-5872; (074)442-1727	
	WITHDRAWAL OF MEMBERSHIP	
Date:		
The Board of Directors:		
following reasons (please check): Migrate to another country Move to another province Buy House and lot	□ Financial difficulties □ Capital I: □ For medical expenses □ Not Satisfied with the services of the coop	COOPERATIVE due to nvestment/Business
	offset any loan, dues, etc. I owe the cooperative, against my Sha	are Capital and whate
i omanning salaries orian se para	YOUNG SAVERS ACCOUNT	
ID No.	Name	
Thank you very much for the ser	rvices the cooperative has extended to me during my membership. M	ore power to you!
Very truly yours,		
Signature over printed name		
Signature over printed name	TO BE FILLED UP BY BBCCC PERSONNEL	
Signature over printed name	🗆 First Withdrawal of Membership	
	<ul> <li>First Withdrawal of Membership</li> <li>Second Withdrawal of Membership</li> </ul>	
Pre	🗆 First Withdrawal of Membership	
Preason for the first withdrawa	<ul> <li>First Withdrawal of Membership</li> <li>Second Withdrawal of Membership</li> <li>vious          <i>with right of re-entry without right of re-entry without right of re-entry l</i> of membership</li> </ul>	Age:
Pre Reason for the first withdrawa Name of Member: ID No.:	□ First Withdrawal of Membership         □ Second Withdrawal of Membership         vious □ with right of re-entry       □ without right of re-entry         l of membership	Age:
Pre Reason for the first withdrawa Name of Member: ID No.: Date of Membership:	<ul> <li>First Withdrawal of Membership         <ul> <li>Second Withdrawal of Membership</li> <li>vious □ with right of re-entry</li> <li>□ without right of re-entry</li> <li>□ without right of re-entry</li> <li>□ birthdate:</li> <li>Birthdate:</li> <li>Civil Status:</li> </ul> </li> </ul>	
Pres Reason for the first withdrawa Name of Member: ID No.: Date of Membership: Address:	□ First Withdrawal of Membership         □ Second Withdrawal of Membership         vious □ with right of re-entry       □ without right of re-entry         l of membership       □         l of membership       □         Birthdate:       □         Civil Status:       □         Profession:       □         Occupation:       □	
Pre Reason for the first withdrawa Name of Member: ID No.: Date of Membership:	□ First Withdrawal of Membership         □ Second Withdrawal of Membership         vious □ with right of re-entry       □ without right of re-entry         l of membership       □         Birthdate:       □         Birthplace:       □         Civil Status:       □         Profession:       □	
Pres Reason for the first withdrawa Name of Member: ID No.: Date of Membership: Address: Contact No.:	□ First Withdrawal of Membership         □ Second Withdrawal of Membership         vious □ with right of re-entry       □ without right of re-entry         l of membership       □         l of membership       □         Birthdate:       □         Civil Status:       □         Profession:       □         Occupation:       □	Sex:
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Pres Reason for the first withdrawa Name of Member: ID No.: Date of Membership: Address: Contact No.: EXIT CON	□ First Withdrawal of Membership         □ Second Withdrawal of Membership         vious □ with right of re-entry       □ without right of re-entry         l of membership       □         Birthdate:       □         Birthplace:       □         Civil Status:       □         Profession:       □         Occupation:       □         Employer:       □	Sex:
Pres Reason for the first withdrawa Name of Member: ID No.: Date of Membership: Address: Contact No.: EXIT CON	□ First Withdrawal of Membership         □ Second Withdrawal of Membership         vious □ with right of re-entry       □ without right of re-entry         l of membership       □         Birthdate:       □         Birthplace:       □         Civil Status:       □         Profession:       □         Occupation:       □         Employer:       □	Sex:
Pres Reason for the first withdrawa Name of Member: ID No.: Date of Membership: Address: Contact No.: EXIT CON	□ First Withdrawal of Membership         □ Second Withdrawal of Membership         vious □ with right of re-entry       □ without right of re-entry         l of membership       □         Birthdate:       □         Birthplace:       □         Civil Status:       □         Profession:       □         Occupation:       □         Employer:       □	Sex:
Present of Member:	First Withdrawal of Membership         Second Withdrawal of Membership         vious □ with right of re-entry       □ without right of re-entry         I of membership       □ witholate:         Birthdate:       □         Birthplace:       □         Civil Status:       □         Profession:       □         Occupation:       □         Employer:       □	Sex:
Pres Reason for the first withdrawa Name of Member: ID No.: Date of Membership: Address: Contact No.: EXIT CON Remarks: Signature over printed name Print name	FERENCE (EDUCATION, MEMBERSHIP AND TRAINING COMMITT	Sex:
Pres Reason for the first withdrawa Name of Member: ID No.: Date of Membership: Address: Contact No.: EXIT CONT Remarks: Signature over printed name	First Withdrawal of Membership         Second Withdrawal of Membership         vious □ with right of re-entry       □ without right of re-entry         I of membership       □ witholate:         Birthdate:       □         Birthplace:       □         Civil Status:       □         Profession:       □         Occupation:       □         Employer:       □	Sex:
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## DATA SUBJECT CONSENT FORM

I understand that, by providing my personal data, which include personal or sensitive information obtained from me in the course of my application for membership and/or transaction/s with the **BAGUIO-BENGUET COMMUNITY CREDIT COOPERATIVE (BBCCC)**, I am agreeing to the **Data Privacy Statement** (in a separate copy) and I give my **FULL CONSENT** to the BBCCC to collect, process, store, update, access, or disclose the same (i) for legitimate purposes, (ii) to process my application for membership, (iii) to implement transaction which I requested, allowed, or authorized, (iv) to offer and provide new or related products and services of the BBCCC, and (v) to comply with the BBCCC's internal policies and its reporting obligations to governmental authorities under applicable laws.

I acknowledge that the collection and processing of my personal data are necessary for such purposes. I am aware of my right: (i) to be informed about processing of data, (ii) to object to the processing of data, (iii) to access processed data, (iv) to dispute errors in data processing, (v) to suspend, withdraw, order blocking, removal, or destruction of my personal data, (vi) to be indemnified for any damages sustained in the use of personal data, and (vii) to obtain a copy of such data in an electronic or structured format, and I understand that there are procedures, conditions, and exceptions to be complied with in order to exercise or invoke such rights.

I have been informed of my rights that I have the option not to give the foregoing information, in which case, I understand that my transaction will not be processed. I have also been informed that I can make corrections to any inaccurate or deficient information and that I have an option to withdraw my consent prior to the processing of my transaction by informing the BBCCC and or its Designated Protection Officer.

I hereby certify that the foregoing information are freely given, true and correct to the best of my knowledge.

Signed this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_ at Baguio City, Philippines.

## Signature above printed name of DATA SUBJECT

## TO BE FILLED UP BY BBCCC PERSONNEL

	BALANCE DUE the Loans Rece			BALANCE DUE the MEMBER Rebates		
Type of Loan		Loan Balance	Fines		Amount	
				TOTAL REBATES		
GA Fines A/R Damayan/Death Aid Saranay Fund			Share Capital Savings Deposit TOTAL DEPOSITS			
Withdrawal Fee			Balance (Total Rebates + Deposits)			
TOTAL	TOTAL		Less:	5)		
Amount due the Cooperative			Amount due the Cooperative			
		Voung So	BALANCE due the Member Savers Account			
ID No.	Name		Savings Deposit	Withdrawal Fee	Balance	
	Prepared by:		Noted By	 7:		
	Prepared by: Loan Processor/Evaluate			Department Hea	Department Head	
		Approved by:	Manager			

Revised March 29, 2021/RO