



DATE	NAME OF CURRENT ORGANIZATION/GROUP	COMMON BOND OF MEMBERSHIP
		<input type="checkbox"/> Residential <input type="checkbox"/> Associational <input type="checkbox"/> Institutional <input type="checkbox"/> Occupational

**COMPLETE NAME OF REPRESENTATIVE**

Mr.  
 Ms.

First Name	Middle Name	Last Name	Suffix
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**ADDRESS**

House/Block/Lot No.	Street Name	District	Barangay
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City/Municipality	Province	Region	Zip Code
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**CONTACT DETAILS**

_____ Telephone Number	_____ Cellphone Number	_____ E-mail Address
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**LIST OF INITIAL COOPERATORS**

	<u>Members</u>	<u>Address</u>	<u>Contact Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____

I/We hereby declare and certify that I/we are the data subject and that I/we voluntarily provided the Quezon City Government the abovementioned information or data, which are true and correct to my/our knowledge, and that I/we have complied with all laws and regulations governing the establishment, maintenance and operation of my/our business.

I/We hereby further declare that I/we authorize or consent to the collection, recording, organization, storage, use and processing of the data or information herein provided for the purpose of establishing a databank which shall be a source of all information necessary for project monitoring, research and policy studies and informal dissemination campaigns as part of the Cooperative Development Program and madated by RA 10173 - Data Privacy Act of 2012.

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

**TO BE FILLED OUT BY QC-SBCDPO**

<u>Actions/Assistance Provided</u>	<u>Remarks</u>	<u>Signature of Personnel/Date</u>
<input type="checkbox"/> Coop Clinic / Evaluation	_____	_____
<input type="checkbox"/> PRS	_____	_____
<input type="checkbox"/> Registration	_____	_____