



**CCT MUTUAL BENEFIT ASSOCIATION INC.**

6/F Joshua Center, Taft Ave, Ermita, Metro Manila  
 Tel #: 524-1819 ; Email: [ho@cct.org.ph](mailto:ho@cct.org.ph)



**APPLICATION FOR MEMBERSHIP**

BRANCH:	CENTER:	DATE FILED:	DATE OF PAYMENT FIRST CONTRIBUTION :
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FIRST NAME			
MIDDLE NAME			
LAST NAME			
SEX	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
CIVIL STATUS	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOW/ER <input type="checkbox"/> SEPARATED
DATE OF BIRTH	AGE:	PLACE OF BIRTH:	
HOME ADDRESS			
SOURCE OF INCOME			
TIN:	SSS /GSIS No.:	OTHER (Please Specify):	

DEPENDENTS	AGE	BIRTHDATE	RELATIONSHIP	DOCUMENTS SUBMITTED (Please Specify)

*If married, please attach the Marriage Certificate of the applicant and Birth Certificate/s of legal and legally adopted child/ren (if any). If single, please attach the Birth Certificate of the applicant and Birth Certificate of legal parent (if any). If single mother/father, please attach the Birth Certificate of the applicant and Birth Certificate/s of biological / legal child/ren (if any).*

NAME OF DESIGNATED BENEFICIARIES	BIRTHDATE	RELATIONSHIP
<b>PRIMARY:</b>		
<b>SECONDARY:</b>		

*I hereby state and declare that all the answers contained herein are true and correct and I fully understand that willful misstatement in this application that would render me eligible for insurance when I would otherwise be ineligible shall be sufficient cause for the cancellation of my membership in the Association at any time such misstatement is known. In addition, the Association has no obligation on whatever claims I will file, except for the refund of my contributions if misstatement is known during claims validation.*

*I understand that after my certificate of membership has been in-force for one (1) year from its effective date or last reinstatement date, CCT MBA cannot contest my membership except for non-payment of contributions or any other grounds recognized by law and jurisprudence.*

\_\_\_\_\_  
 SIGNATURE OF APPLICANT / MEMBER



THUMB MARK

DATE: \_\_\_\_\_

PROCESSED BY:	APPROVED BY:	CONCURRED BY:
_____ MBA STAFF	_____ BRANCH TEAM SERVANT	_____ GENERAL MANAGER
Date: _____	Date: _____	Date: _____