

MEMBER-TRANSFEREE'S CLEARANCE FORM

Basic Information

| MEMBER | | HUSBAND (if applicable) | |
|---------------------------|---|-------------------------|------|
| FIRST | | | |
| MIDDLE NAME | | | |
| SURNAME | | | |
| GENDER | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | |
| CIVIL STATUS | <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOW <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED | | |
| DATE OF BIRTH | | AGE: | AGE: |
| PLACE OF BIRTH | | | |
| ADDRESS | | | |
| OCCUPATION | | | |
| BUSINESS ADDRESS (if any) | | | |

To be Filled-out by Originating Institution

| | | | |
|---|-------------|--|---|
| NAME | INSTITUTION | | CERTIFIED CORRECT BY: _____ CENTER CHIEF _____ TECHNICAL / ACCOUNT OFFICER _____ BRANCH / UNIT MANAGER CONFORME: _____ SIGNATURE OF MEMBER |
| | BRANCH | | |
| | CENTER | | |
| RECOGNITION DATE | | | |
| LOAN BALANCE | | | |
| REPAYMENT RATE | | | |
| ATTENDANCE RATE | | | |
| DATE OF RESIGNATION | | | |
| DATE OF LAST PAYMENT OF CARD MBA CONTRIBUTION | | | |

To be Filled-out by Accepting Institution

| | | | |
|---------------------|------------------------------|--|--|
| NAME | INSTITUTION | | CONFIRMED BY: _____ TECHNICAL / ACCOUNT OFFICER _____ BRANCH / UNIT MANAGER |
| | BRANCH | | |
| | CENTER | | |
| DATE ACCEPTED | | | |
| ACCEPTED BY: | | | |
| _____ | _____ | | |
| CENTER CHIEF | BRANCH / UNIT MANAGER | | |

NOTE: If MBA contributions were refunded by the originating institution, the member will be considered as new member and will be covered by *contestability period*. However, if MBA contributions were not refunded, member's original recognition date will be the reckoning date of CARD MBA in paying benefits.