

MEMBER TRANSFER 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			
RELIGION			
ADDRESS			
OCCUPATION			
BUSINESS ADDRESS (if any)			

To be Filled-out by Originating Institution

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

To be Filled-out by Accepting Institution

NAME		INSTITUTION	BRANCH	CENTER	CONFIRMED BY:
					_____ ACCOUNT OFFICER/ IMMEDIATE SUPERVISOR
DATE ACCEPTED					_____ BRANCH / UNIT MANAGER/ AREA SUPERVISOR
ACCEPTED BY:		_____ CENTER CHIEF			

NOTE: 1. 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.

2. This transfer form must be attached to new filled out APK to be submitted to CARD MBA PO