



EQUITABLE – PCIB EMPLOYEES CREDIT COOPERATIVE

Room 217 Krizia Building
Gorordo Avenue, Cebu City
Telefax no.: (032) 231 0510

Affix Latest
Photo Here
(2x2) or (1x1)

CERTIFICATE OF CANDIDACY

INSTRUCTIONS:

1. File this in **TWO (2) LEGIBLE COPIES** with any office personnel of the Cooperative during regular office hours (8:00 AM to 5:00 PM), on any day from **March 1, 2017 to March 23, 2017**.
2. Fill out the form using **BLACK** ink in bold **CAPITAL** letters.
- 3 Campaign period is between **March 20, 2017 to March 23, 2017**.

I hereby announce my candidacy for the position of _____ of the EPCIB Employees Credit Cooperative, in the March __ 2017 elections; and hereby declare the following:

1. NAME:

1.1 Last name

1.2 First name

1.3 Middle name

3. GENDER:

Male Female

4. AGE:

5. DATE OF BIRTH:

- -
MM DD YYYY

2. RESIDENCE/ADDRESS:

2.1. House no. / Street / Subdivision

2.2. Barangay 2.3. City/Municipality

6. MEMBER SINCE:

- -
MM DD YYYY

7. UNIT/POSITION:

8. I am eligible for the office I seek to be elected to;
9. I have attended and completed the prescribed cooperative pre-membership seminar;
10. I have read the Equitable-PCIB Employees Credit Cooperative Articles of Cooperation and By-laws;
11. I have not violated any provision of our cooperative by-laws;
12. I am a member in good standing;
13. I am not delinquent in the payment of my subscribed capital and loan;
14. I patronized the business of the cooperative;
15. I am not an elected government official;
16. I am not a defendant or respondent in an administrative proceeding or civil suit involving financial and/or property accountability;
17. I am not convicted of any crime involving moral turpitude, gross negligence and misconduct in the performance of my duties or found culpable in any administrative case involving such offenses;
18. I have complied with the obligations, duties and undertakings of membership;
19. If elected, I have the time required to serve Equitable-PCIB Employees Credit Cooperative; and,
20. I have read, understood and will abide by the Election Guidelines of Equitable-PCIB Employees Credit Cooperative.

I hereby certify that the facts stated herein are true and correct to the best of my knowledge.

Signature of Candidate Over Printed Name

Date

Name of officer authorized to receive COC: _____

Date filed with the Election Committee: _____

Date received by the Election Committee: _____