



CEBU CFI COMMUNITY COOPERATIVE

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Facebook Page : <https://www.facebook.com/CFICoopOfficialPage/>

Webpage: www.cficoop.com

MEMBERS UPDATE FORM

Name : _____
(Last Name) (First Name) (Middle Initial) (Suffix)

Fill in the desired update: (to be encoded in the COOPs Eletronic Data Base)

New Mobile Number: _____

New Postal Address: _____

New Email Address: _____

New Facebook ID: _____

New Bank and Account Number: _____ (Name of Bank) _____ (Account Number)

New Monthly Basic Salary: _____

New Take Home Pay: _____

New Employer _____ (Name of Employer Office Agency, or Department)

(Address of Employer)

New Status of Employment _____ (Permanent, Casual, Co- Terminus or Elected)

New Civil Status: _____

Other Type of Update (Please specify): _____

Signature Above Printed Name

MUST BE FILLED UP BELOW: In case of New Employer , Status of Employment, Basic Salary and or Net Take Home Pay.

CERTIFICATE OF BASIC SALARY and NET TAKE HOME PAY

Basic Salary: _____

Net Take Home Pay: _____

Employment Status: Permanent Co - Terminus
 Casual Elected

Certified By:

SIGNATURE OVER PRINTED NAME OF
AUTHORIZED FINANCE/ PAYROLL OFFICER