



Membership Number: _____

MEMBERSHIP INFORMATION FORM

PAWNSHOP NAME: _____

Name of Pawnbroker: _____

If Under a Corporation

President/CEO: _____

Registered Corporate Name: _____

Complete Address:

Present:

Business Head Office _____

Branch _____

Residential: _____

Permanent: _____

Region: _____

Contact Details:

Landline: 1. _____ 2. _____

Cellular Number: 1. _____ 2. _____

Email Address: _____

Type of Ownership (Please check)

Single

Partnership

Corporation

Date Opened _____

Number of Head Offices _____ Number of Branches _____

Documents Submitted

DTI Number _____

BSP License _____

Business Permit _____

Are you engaged in other Collateral Business? If yes, what type of business is this?

Money Changer/Forex

Bills Payment

Money Transfer

Others: _____

Personal Information

Date of Birth _____ Age: _____

Civil Status

Single

Married

Name of Spouse _____

Widow/Widower

Separated

As duly registered and full pledged Member of the Chamber of Pawnbrokers of the Philippines, Inc... (CPPI), I/We hereby agree to assume and perform duties and responsibilities my/our as its members.

Signature over Printed Name

Date: _____

Do you have other relatives who are in the Pawnshop Business? If yes, kindly state their business name.

Who should you recommend for Membership?

Name of Pawnshop : _____

Name of Pawnbroker : _____

Address : _____

Contact Details : _____

What are your suggestions and concerns that should be addressed which will be benefit your business and the Pawnshop Industry as a whole?

1. _____

2. _____

3. _____

Are you willing to be included in the CPPI Viber Group?

Yes

No

Would you like to receive about Pawnshop Industry updates through any of the following:

Email

SMS

Viber message

Snail Mail