



UP CREDIT COOPERATIVE
Fernandez Hall
Delos Reyes St., cor. C.P. Garcia Avenue,
UP Campus, Diliman, Quezon City
8924-8002 / 8646-8862

APPLICATION FOR MUTUAL AID PLAN BENEFIT (MAP)

Name of Applicant: _____ Unit/Dept.: _____

Home Address: _____ Contact No.: _____

Civil Status: Single Married Windowed Separated Gender: Male Female

Name of the Deceased: _____ Date of Death: _____

Relation to the Deceased: _____ Date Filed: _____

Applicant's Signature

Cash Advance: ₱ _____ Released By: _____ Date: _____

Evaluated and Approved By: _____ Date: _____

AUTHORITY TO DEPOSIT

This is to authorize the U.P. Credit Cooperative to deposit my benefit claim to the bank account listed below.

Name: _____

Bank: LANDBANK DBP VETERANS PNB Check

Account No.: _____

I fully understand that by providing this authorization, I am freeing UP Credit Cooperative of any liability and/or damages that may result.

Printed Name with Signature

Requirements:

- Registered Death Certificate by the Local Civil Registry
- Photocopy of Applicant's ID and ATM Card
- Documents that will prove your relationship to the deceased (Birth, Marriage Certificate, etc.)

Note: The claimant must submit the required documents within one (1) month from the date of filing.