Simbag sa Emerhensya asin Dagdag Paseguro
Mutual Benefit Association (SEDP MBA), Inc.

2nd Level SEDCen Bldg. Block 7, Landco Business Park,
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REINSTATEMENT DECLARATION

TO BE PART OF THE CERTIFICATE OF MEMBERSHIP NO. _____

FOR : _____ (SPOM)

THRU : _____ (CDW)

FROM : _____ Name of Member

CENTER : _____

DATE : _____

This is to notify that I am willing to re-activate my membership with SEDP MBA. The date of my previous recognition was on _____ and I have been in-active since _____.

And this is to inform that I am in good health as attested with doctor's certification.

I will pay
- ☐ all of my arrear's contribution plus interest
- ☐ the weekly contribution

_____
Signature of Member

Date _____

CENTER CHIEF RECOMMENDATION

According to his/her reinstatement declaration and after favorable consultation with co-members, I am recommending him/her for membership re-activation in the Center _____.
Center Name

_____
Signature over Printed Name – Center Chief

RECOMMENDATION OF THE CDW

According to my validation, he/she is in good health and I am favorably recommending his/her application for re-activation effective _____.

_____
Signature over Printed Name - CDW

Based on the favorable recommendation of the Center Chief and of the CDW that he/she is in good health, I am accepting his/her membership re-activation in the Center effective _____.

And I confirm that he/she had paid the amount of _____.
(Php _____): (in words)

- ☐ All of the arrear's contribution plus interest
- ☐ Weekly contribution

Approved by:

_____
Signature over Printed Name - SPOM

Date _____