



SHELL EMPLOYEES SAVINGS & LOAN ASSOCIATION, INC.

40 F The Finance Center, 26 St. cor. 9th Ave. Bonifacio Global City Taguig
Telephone # 8359-0213, 8359-3818, 83594150, 8983-1874

Website : www.sesla.com
E-mail add : asksesla@gmail.com

Photo

1x1

By filling out this Membership Application Form and by affixing your specimen signatures below, you hereby confirm the following:

1. That you have been duly notified and informed about the purpose of processing your personal information.
2. That you have given your expressed consent and authorize SESLA, its officers, staff and duly authorized Data Processors to process your personal information for the purpose of processing your application for membership with SESLA.
3. That you have authorized SESLA, its officers, staff and duly authorized data processors to validate the authenticity of all the information contained herein as well as all the documentary requirements you have submitted herewith with the Data Controllers that have custody of such information.
4. That face to face contact and personal interview was conducted by and between you and a SESLA representative to facilitate this application.
5. That you have authorized SESLA, its officers, staff and its duly authorized Data Processors to control your personal information until the duration of your membership with SESLA and that you further authorize SESLA to destroy and delete such personal information upon the cessation of your membership.

*** MEMBERSHIP APPLICATION FORM ***

IMPORTANT ➡ Please PRINT ENTRIES and ensure that you have filled out this membership form correctly and completely.		Membership : Please check box <input type="checkbox"/> New Member Date: <input type="checkbox"/> Update Date:	
MEMBER'S NAME (LAST, FIRST, MIDDLE NAME)		MOTHER'S MAIDEN NAME	STAFF NO.
Present Address :		Permanent Address :	
Nationality	Date of Birth (dd / mm / yr.)	Place of Birth	Tax Identification No.
Contact Nos :		Sex : Male / Female	Civil Status :
			Personal E-mail Address:
Minimum CapCon : Php _____ <input type="checkbox"/> One-Time <input type="checkbox"/> Build-up		Monthly CapCon : Php _____	
Effective Date : _____		Effective Date : _____	
Mode of Payment : _____ Payroll Deduction which I hereby authorize SESLA/COMPANIES or its designated agent to deduct from salary due to me from COMPANIES the amount representing my CapCon with SESLA.			
_____ PDC <small>Note: Payment of minimum capital contribution and membership fee are requisites for membership per BSP Circ 1045.</small>			

BUSINESS/WORK INFORMATION :

Name of Company and Workbase		Business Address :	
Telephone No. :	Date joined SHELL :	E-mail address :	Present Salary:
	(dd / mm / yr.)		P
		Bank Account No :	

BENEFICIARY : (attach additional sheet if necessary)			NATURE OF BUSINESS/WORK
Name/s	Relationship	Birthday (dd/mm/yr.)	
			SOURCES OF FUNDS : 1.) 2.)

MEMBER'S SPECIMEN SIGNATURES :

1.	2.	3.

Politically Exposed Person (PEP) <small>A PEP is an individual who is or has been entrusted with prominent public position in (a) the Philippines with substantial authority over policy, operations or the use or allocation of government-owned resources; (b) a foreign State; or (c) an international organization.</small>	Role/Position	Entity	Term of Office
____ Yes ____ No			

Nature of Service or Product to be availed: _____ Capcon Savings _____ SSD Placement _____ Loan Availment (check **ALL** that apply)

I attest that all information, data and documents provided herein and during the face to face and personal interview are accurate and legitimate. I am aware that any falsity of the foregoing may result to the rejection of my application and may also render me liable under applicable administrative and criminal laws. I pledge that I will abide with the By-laws, Rules and Regulation and policies of SESLA upon approval of my membership.

Signature over Printed Name / Date

THIS PORTION IS FOR SESLA USE ONLY

Face to Face Contact, Personal Interview, Membership Orientation Program, Signature Verification and Profiling conducted:

By: _____
(SESLSA Representative)

Date : _____

Approved by: 1. GM _____ 2. Trustee _____ 3. Trustee _____ 4. Trustee _____ 5. Trustee _____	Board Resolution Number: _____ Board Resolution Date: _____
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