



SHELL EMPLOYEES SAVINGS & LOAN ASSOCIATION, INC.

40th Flr., The Finance Center Bldg., 26th St. 9th Ave., Bonifacio Global City, Taguig
Telephone # 359-3818/359-4145/359-0213/359-4150/983-1874

Email address: asksesla@gmail.com Website: sesla.com

By filling out this Form and by affixing your specimen signature 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 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 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 application.

MEMBER'S NAME (LAST, FIRST, MIDDLE NAME)	STAFF NO.
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LOAN DETAILS

PRINCIPAL AMOUNT	P _____	TYPES OF LOAN:
TERMS	_____	<input type="checkbox"/> Consumption _____
MODE OF PAYMENT	_____	<input type="checkbox"/> REM _____
INTEREST RATE	_____	<input type="checkbox"/> CHATTEL _____

Member/Borrower authorizes SESLA/COMPANIES or its designated agent to deduct from his/her capital contribution/ Time Deposit/Special Savings Account with SESLA/salaries/wages due him/her from COMPANIES the following amount representing his/her account with SESLA.

CAPITAL CONTRIBUTION : _____

From : _____

LOAN REPAYMENT : _____

From : _____ To: _____

(MEMBER/BORROWER'S SIGNATURE)

***** CO-MAKERS AUTHORITY TO DEDUCT *****

CO-MAKER'S COMPLETE NAME	PRINTED	COMAKER'S SIGNATURE	CO-MAKER'S COMPLETE PRINTED NAME	COMAKER'S SIGNATURE
1			17	
2			18	
3			19	
4			20	
5			21	
6			22	
7			23	
8			24	
9			25	
10			26	
11			27	
12			28	
13			29	
14			30	
15			31	
16			32	

In the event that the BORROWER defaults in the payment of his/her loan from SESLA, CO-MAKERS hereby authorize SESLA/COMPANIES to deduct from his/her capital contribution/ time deposit/ special savings account with SESLA/ salaries/wages from COMPANIES the maximum amount in PESOS : _____

(P_____) or any other applicable amount as may be determined by SESLA, beginning at the time of of default and monthly thereafter until the balance is fully paid.

CO-MAKERS agree that the deduction may be effected without any further authority from him/her/them.

This authority is in addition to whatever deduction CO-MAKERS have authorized COMPANIES to make on CO-MAKERS accounts with SESLA.