



## **SHELL EMPLOYEES SAVINGS & LOAN ASSOCIATION, INC.**

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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.

### **Option to Retain SESLA Membership**

Pursuant to Article III, Section 3 of SESLA By Laws which read:

"Membership in the Association shall terminate for any of the following causes:

- a.) If a member dies or ceases to be employed by any of the Shell Companies, except Retired/Resigned Employees who elect to remain as members of the Association; .....

I hereby elect to remain as SESLA member effective \_\_\_\_\_.

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Member's Signature over Printed Name