SHELL EMPLOYEES SAVINGS & LOAN ASSOCIATION, INC.
40th Flr., The Finance Center Blg., 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.

From: _____ _____ _____ _____ _____

Name of Member | Staff No. | Workbase | Company | Date

APPLICATION FORM

☐ Initial Monthly Capital Contribution
in the amount of
effective date _____

☐ Change in Monthly Capital Contribution
in new amount of _____
effective date _____

☐ Termination of Membership
effective date _____
REASON:

☐ Withdrawal of Capital Contribution
in the amount of _____
effective date _____

☐ Termination of Special Savings Deposit
effective date _____
SSD NO:

_____
Member's Signature

☐ Other Instructions: _____
_____

APPROVED BY:

1. _____
2. _____
3. _____
4. _____
5. _____