



SHELL EMPLOYEES SAVINGS & LOAN ASSOCIATION, INC.
40th Flr., The Finance Center Bldg., 26th St. 9th Ave., Bonifacio Global City, Taguig
Telephone # 8 359-3818/8 359-4145/8 359-0213/8 359-4150/8 983-1874
Email address: asksesla@gmail.com Website: www.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.

ASSIGNMENT OF SPECIAL SAVINGS DEPOSIT

KNOW ALL MEN BY THESE PRESENTS :

That I, _____, of legal age, single/married, with residence and postal address at _____, is a bonafide member of Shell Employees Savings & Loans Association, Inc., have requested for a loan in the sum of PESOS: _____

_____ (P)
for the purpose of _____, with interest at the rate of _____% payable in _____ equal
monthly installments of PESOS : _____
_____ (P) beginning _____, _____ through payroll deduction
or through Post Dated Checks.

FOR VALUE RECEIVED, I have assigned the sum of _____ (P)
of my Special Savings Deposit to cover and secure the entire loan. SESLA has the full control of said amount from and after this date, and that said sum cannot be withdrawn by the undersigned, his heirs, successors, and assigns, unless the loan granted to me by SESLA as well as the interest thereon have been fully paid.

That in the event the said loan is not paid at maturity or at any time upon demand by SESLA for any reason whatsoever, SESLA is fully authorized and empowered to apply the same to the payment of the loan herein mentioned.

Signature over printed name

Signed in the presence of :

Witness

Witness

ACKNOWLEDGMENT

Republic of the Philippines)
') S.S.
Makati City)

Before Me, this day personally appeared:

Name	CTC No.	Date	Place of Issue
_____	_____	_____	_____
_____	_____	_____	_____

to me known and known to me to be the same person who signed and executed the foregoing ASSIGNMENT OF Special Savings Deposit and acknowledge to me that the same is executed as his free and voluntary act and deed for the uses and purposes therein set forth.

In witness whereof, I have hereunto affixed my signature and notarial seal in _____, this _____.

Doc. No. _____
Page No. _____
Book No. _____
Series of _____