



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: sesla.com

By filling out this 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 SESLSA, its officers, staff and duly authorized Data Processors to process your personal information for the purpose of processing your application with SESLSA.
3. That you have authorized SESLSA, 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 SESLSA, its officers, staff and its duly authorized Data Processors to control your personal information until the duration of your membership with SESLSA and that you further authorize SESLSA to destroy and delete such personal information upon the cessation of your application.

LOAN APPLICATION FORM

Revised July 2018

IMPORTANT: ➔	1. Please PRINT ENTRIES and ensure that you have filled out the form correctly and completely.
	2. Please ensure that you have read and fully understood the PROMISSORY NOTE AGREEMENT stated at the back of this form.

APPLICATION DATE :
COMPANY
WORKBASE
STAFF NO.

(MEMBER'S PRINTED NAME (LAST, FIRST, MIDDLE NAME)

LOAN DETAILS	
PRINCIPAL AMOUNT	P <input type="text"/>
TERMS	<input type="text"/>
MODE OF PAYMENT	<input type="text"/>
INTEREST RATE	<input type="text"/>
TYPES OF LOAN:	
<input type="checkbox"/> Consumption	
<input type="checkbox"/> Computer/Appliance	
<input type="checkbox"/> PROMO	
<input type="checkbox"/> Educational loan	
<input type="checkbox"/> Insurance loan	
<input type="checkbox"/> Appliance loan	
<input type="checkbox"/> Vanity loan	
<input type="checkbox"/> REM	
<input type="checkbox"/> CHATTEL _____	
<input type="checkbox"/> OTHERS _____	

LOAN SUMMARY (for SESLSA use ONLY)	
Max. Loanable Amount	P <input type="text"/>
Less:	
Outstanding Loan Balance/s	P <input type="text"/>
LOANABLE AMOUNT ➔	P <input type="text"/>
LOAN TRANSACTION:	
<input type="checkbox"/> New loan	
<input type="checkbox"/> Additional loan	
<input type="checkbox"/> Early settlement	P _____ Term : _____
<input type="checkbox"/> Loan restructure	P _____ Term : _____
<input type="checkbox"/> Consolidation of loan/s :	P _____

CO-MAKER'S PRINTED NAME (complete name please)	STAFF NUMBER	CO-MAKER'S SIGNATURE
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CO-MAKER'S PRINTED NAME (complete name please)	STAFF NUMBER	CO-MAKER'S SIGNATURE
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(MEMBER'S SIGNATURE OVER PRINTED NAME)

REMARKS:

FOR DEPOSIT TO THE ACCOUNT
ACCT. NO.:

SEND TO
WORK BASE:

FOR PICK-UP BY
NAME :

APPROVED BY:

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PROCESSED BY:

CHECKED BY:

PROMISSORY NOTE

CO-MAKERS' SIGNATURE :

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WHEREAS, the SHELL EMPLOYEES SAVINGS AND LOAN ASSOCIATION, INC. Is an association registered with the Bangko Sentral ng Pilipinas, with principal office at 40th Floor, The Finance Centre, 26th Street corner 9th Avenue, Bonifacio Global City, Barangay Fort Bonifacio, Taguig City (herein after referred to as "SESLA").

WHEREAS, SESLA was formed by the employees of Shell companies in the Philippines (currently consisting of Pilipinas Shell Petroleum Corp./ Shell Phils. Exploration, B.V./ Shell Shared Services (ASIA) B.V. and those that may be established in the future including SESLA staff) hereinafter referred to as " COMPANIES", to promote savings and loan among its members. Accordingly, membership in SESLA, as provided for in its By-Laws, is premised on one's employment with any of the COMPANIES;

WHEREAS, _____, of legal age, Filipino, married/single, with residence and postal address at _____, a bonafide member of SESLA and hereinafter referred to as "BORROWER", has requested for a loan in the sum of PESOS: _____ (P _____) for the purpose of _____;

WHEREAS, as an additional requirement, Borrower agrees to enroll in the Group Term Insurance equivalent to loan amount during the entire duration of the term and hereby designate SESLA as the prime beneficiary of insurance account.

WHEREAS, the co-makers whose names and signatures are listed and/or affixed on the loan application form and on the left side of this Promissory Note are all of legal age, bonafide member(s) of SESLA, and hereinafter referred as the "CO-MAKERS", have agreed to repay the loan, jointly and solidarily with BORROWER, under the terms of this Promissory Note

NOW, THEREFORE, for and in consideration of the foregoing premises and for value received, BORROWER and CO-MAKERS jointly and severally promised to pay SESLA at its principal office first above stated, the sum of PESOS: _____ (P _____) with interest at the rate of _____ per annum from this date, in _____ equal monthly installments of PESOS: _____ (P _____) the first of which is due on or before the same date of the succeeding months until the whole amount is paid.

In the event that SESLA reduces the interest rate on loans similar to that availed of by the BORROWER under this Promissory Note, and BORROWER desires to avail of the reduced rate, upon approval thereof, the outstanding balance of the loan shall be amortized by applying the reduced interest rate for the remaining period of the loan, to which the CO-MAKERS hereby expressly agree.

It is hereby agreed that if default is made in the payment of any of the installments as and when the same becomes due and payable or BORROWER ceases to be a member of SESLA or employed by the COMPANIES, the total principal sum then remaining unpaid, together with any accrued interest thereon, shall immediately become due and payable. In the event that judicial procedure to enforce collection is instituted an additional sum equivalent to 25% of the amount remaining unpaid (which sum shall in no case be less than P 10,000.00) shall be paid to the holder or holders hereof as attorney's fees for the cost of collection in addition to the legal cost provided for in the Rules of Court.

It is further agreed that any action arising from this Promissory Note shall be instituted by the holder or holders hereof in the proper court in Taguig City. I/We hereby expressly waive any other venue.

In case of default, BORROWER/CO-MAKERS further agree that whatever amount is payable by SESLA to BORROWER/CO-MAKERS from his/her/their deposits, securities and things of value held by SESLA and/or any money or moneys due and payable to his/her/their from the COMPANIES concerned shall be applied to payment of unpaid balance of this Promissory Note and for this purpose, BORROWER/CO-MAKERS authorize SESLA and/or the COMPANIES concerned as my/our attorney-in-fact to do whatever is necessary to carry out the above purpose.

Failure on SESLA's part or holder or holders of this note to insist on any one instance or more upon the strict compliance of the terms and provisions of this note or to exercise any right or privilege herein conferred shall not be construed as thereafter waiving any such terms and provisions, rights or privileges and the same shall continue in full force and effect.

In the event any CO-MAKERS cease to be a member of SESLA or employed by the COMPANIES or for whatever cause, BORROWER agrees to provide a suitable CO-MAKERS from among the ranks of SESLA members within 7 (seven) days and to execute whatever documents are necessary for this purpose. In case of failure to do so, BORROWER shall assign his/her capital contribution equivalent to the share of CO-MAKER who ceased to be a member of SESLA.

This Promissory Note shall be binding upon the successors and assigns of SESLA and the heirs, administrators, executors and assigns of the BORROWER/CO-MAKERS.

(BORROWER'S SIGNATURE)

*** BORROWER'S AUTHORITY TO DEDUCT ***

Borrower/s authorize/s SESLA/COMPANIES to deduct from his/her capital contribution/Time Deposit/Special Savings Account with SESLA/ salaries/wages due him/her from COMPANIES the sum of PESOS: _____

(P _____) beginning _____, 20__ and every end of the month thereafter representing his/her account with SESLA as follows:

LOAN REPAYMENT

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

In the event that 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 amount in PESOS : _____

_____ (P _____) beginning _____ and monthly thereafter

or any amount as may be determined by SESLA depending on the outstanding obligation of the Borrower at the time of default until the balance is fully paid.

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

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

WITNESSES:

1.
2.



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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	
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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 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.