



SHELL EMPLOYEES SAVINGS & LOAN ASSOCIATION, INC.

40 F The Finance Center, 26 St. cor. 9th Ave. Bonifacio Global City Taguig
 Telephone # 8359-0213, 8359-3818, 83594150, 8983-1874

Website : www.sesla.com
 E-mail add : asksesla@gmail.com



By filling out this Membership Application 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 SESLA, its officers, staff and duly authorized Data Processors to process your personal information for the purpose of processing your application for membership 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 face to face contact and personal interview was conducted by and between you and a SESLA representative to facilitate this application.
5. 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 membership.

*** MEMBERSHIP APPLICATION FORM ***

IMPORTANT → Please PRINT ENTRIES and ensure that you have filled out this membership form correctly and completely.	Membership : Please check box <input type="checkbox"/> New Member Date: _____ <input type="checkbox"/> Update Date: _____
MEMBER'S NAME (LAST, FIRST, MIDDLE NAME)	STAFF NO.

Present Address :	Permanent Address :
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Nationality	Date of Birth <small>(dd / mm / yr.)</small>	Place of Birth	Tax Identification No.	SSS No.
Contact Nos :	Sex : Male / Female	Civil Status :	Personal E-mail Address:	

Initial CapCon : Php _____	<input type="checkbox"/> One-Time	<input type="checkbox"/> Build-up	Monthly CapCon : Php _____
Effective Date : _____	Effective Date : _____		
Mode of Payment : _____ Payroll Deduction which I hereby authorize SESLA/COMPANIES or its designated agent to deduct from salary due to me from COMPANIES the amount representing my CapCon with SESLA.			
_____ PDC			

BUSINESS/WORK INFORMATION :

Name of Company and Workbase	Business Address :
Telephone No. :	Date joined SHELL : <small>(dd / mm / yr.)</small>
E-mail address :	Present Salary: _____ P
Bank Account No :	

BENEFICIARY : (attach additional sheet if necessary)

Name/s	Relationship	Birthday (dd/mm/yr.)	NATURE OF BUSINESS/ WORK
			SOURCES OF FUNDS : 1.) _____ 2.) _____

MEMBERS' SPECIMEN SIGNATURES :

1. _____	2. _____	3. _____
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Face to Face Contact, Personal Interview and Membership Orientation Program conducted:

To: _____ Date : _____
 (Member)

By: _____
 (SESLSA Representative)

I attest that all information, data and documents provided herein are accurate and legitimate. I am aware that any falsity of the foregoing may result to the rejection of my application and may also render me liable under applicable administrative and criminal laws. I pledge that I will abide with the By-laws, Rules and Regulation and policies of SESLSA upon approval of my membership.

Signature over Printed Name / Date

Approved by: 1. GM _____ 2. Trustee _____ 3. Trustee _____ 4. Trustee _____ 5. Trustee _____	Board Resolution Number: _____ Board Resolution Date: _____
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