



SHELL EMPLOYEES SAVINGS & LOAN ASSOCIATION, INC.

40th Flr., The Finance Center Bldg., 26th St. 9th Ave., Bonifacio Global City, Taguig

Telephone # 8 983-1874/8 359-3818/8 359-4145/8 359-0213/8 359-4150

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.

SPECIAL SAVINGS DEPOSIT APPLICATION AND AGREEMENT FORM

Name of Member _____	Principal Amount _____	Source of Funds _____
Staff Number _____	Date of Placement _____	_____
Workbase _____	Bank/Cheque# _____	
Company _____	Date of Check _____	

TERMS AND CONDITIONS

1. The Certificate is subject to a minimum deposit of P10,000.00 and term of three (3) months.
2. Interest rate varies every month depends on the current bank rate.
3. NO PRE-TERMINATION.
4. Loan against the Certificate shall bear an interest rate of 15% DBM plus 2% handling fee.
5. Interest income earned from the date of the placement until the date of termination shall be TAX EXEMPT UNLESS IMPOSED BY THE GOVERNMENT.
6. The terms and conditions contained in this Application Form for Special Savings Deposit Account shall apply.
7. The Association reserves the right to revise any of the foregoing terms and conditions. Announcements with respect to new, revised or amended terms and conditions shall be sent via e-mail and posted within the office premises.

BY AFFIXING MY/OUR SIGNATURE(S) HEREUNDER, I/WE CONFIRM THAT I/WE HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS AND ACKNOWLEDGE RECEIPT OF A COPY OF SPECIAL SAVINGS DEPOSIT APPLICATION AND AGREEMENT FORM.

Signature over Printed Name of the Member(s)-Depositor(s)