



SHELL EMPLOYEES SAVINGS & LOAN ASSOCIATION, INC.

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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 _____

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

REASON:

Termination of Special Savings Deposit
 effective date _____

SSD NO:

APPROVED BY:

 Member's Signature

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

Other Instructions: _____
