SHELL EMPLOYEES SAVINGS & LOAN ASSOCIATION, INC.

40F, The Finance Centre, 26th St. corner 9th Avenue, Bonifacio Global City, Taguig
Contact Nos.: (02) 8983-1874 | 0917-166-2538 | 0917-148-2538 | 0917-156-2538
Website: www.sesla.com | Email: seslafrontline@sesla.com

By filling out this Membership Application Form and affixing your specimen signatures below, you hereby confirm and agree to the following:
1.You have been duly notified and informed of the purpose for processing your personal information.
2. You expressly consent to and authorize SESLA, its officers, staff, and duly authorized Data Processors to process your personal information for the purpose of evaluating and processing your membership application.
3. You authorize SESLA, its officers, staff, and duly authorized Data Processors to validate the authenticity of all information provided herein, including any documentary requirements submitted, with the Data Controllers that have custody of such information.
4. A personal interview (either in person or virtually) has been conducted between you and a SESLA representative to facilitate this application.
5. You authorize SESLA, its officers, staff, and duly authorized Data Processors to retain and control your personal information for the duration of your membership. You further authorize SESLA to securely destroy and delete such personal information ten (10) years after the termination of your membership.
6. SESLA has informed you of its obligation to submit your credit information to the Credit Information Corporation in compliance with R.A. 9510.
7. This information is stored in SESLA's CRM tool which is accessible to the member by logging in to the CRM Tool. Any updating needed will be via the SESLA CRM site. It is the sole responsibility of the member to update and refresh his/her data. No SESLA Staff or Trustee can initiate the change of member details unless formally authorized/covered via letter or email.

* * * MEMBERSHIP APPLICATION FORM * * *

IMPORTANT: Please PRINT ENTRIES and ensure that you have filled out this membership form correctly and completely.	Membership: Please check the box ☐ New Member Date:	☐ Update Date:	
MEMBER'S NAME (LAST, FIRST, MIDDLE NAME)	MOTHER'S MAIDEN NAME:	STAFF NO.	
Present Address:	Date of Birth (DD/MM/YR)	Sex: ☐ Male ☐ Female	
Permanent Address:		Place of Birth	
Mobile Numbers:	Personal E-mail Address:	Nationality:	Civil Status:
Tax Identification No.:	SSS No.	Name of Bank	Bank Account Number
Minimum CapCon: Php _____ Effective Date: _____	☐ One-Time ☐ Build-up	Monthly CapCon: Php _____ Effective Date: _____	

Mode of Payment: ☐ PDC ☐ 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.

Note: Payment of minimum capital contribution and membership fee are requisites for membership per BSP Circ 1045.

BUSINESS/WORK INFORMATION:

Name of Company:	Workbase	Business Address:	Date joined SHELL:(DD/MM/YR.)

BENEFICIARY: (attach additional sheet if necessary)			**MEMBER'S SPECIMEN SIGNATURES:**
Name/s:	Relationship	Date of Birth (DD/MM/YR)	

Politically Exposed Person (PEP) – A PEP is an individual who is, or has been, entrusted with a prominent public position in (a) the Philippines, with substantial authority over policy, operations, or the allocation and use of government-owned resources; (b) a foreign state; or (c) an international organization.

☐ YES ☐ NO Role/Position _____ Entity _____ Term of Office _____

Nature of Service or Product to be availed: ☐ Capcon Savings ☐ SSD Placement ☐ Loan Availment (check ALL that apply)

CONSENT FOR AUTOMATIC DEPOSIT TO DESIGNATED BANK ACCOUNT

I hereby authorize Shell Employees Savings & Loan Association, Inc. (SESLA) to automatically deposit all dividends and/or interests and/or any other amounts due me into the bank account I have provided in this Membership Form. I understand that the accuracy of the bank account information I submitted is solely my responsibility, and any changes must be immediately communicated by me in writing to SESLA. I further agree that such automatic deposits shall serve as valid receipts of the funds from SESLA and will not hold SESLA liable for making such deposits to my designated bank account. Upon receipt of such funds from SESLA, I shall have no further cause of action against SESLA in relation to those funds that have been deposited to my designated bank account. I further agree to regularly update or refresh my personal details through the SESLA CRM system as the primary and preferred option, while a formal instruction via letter or email addressed to SESLA staff to make changes to my information shall only serve as a secondary option.

I attest that all information, data and documents provided herein and during the interview 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 Regulations and policies of SESLA upon approval of my membership.

_____
Signature over Printed Name / Date

THIS PORTION IS FOR SESLA USE ONLY

Personal Interview, Membership Orientation Program, Signature Verification and Profiling conducted: ☐ Face to Face/Personal Interview ☐ Virtual Interview

Member's Risk Profile (to be filled out by Association): ☐ LOW ☐ MEDIUM ☐ HIGH

By: (SESLA Representative): _____ Date: _____

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

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