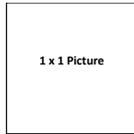




SHELL EMPLOYEES SAVINGS & LOAN ASSOCIATION, INC.
40F, The Finance Centre, 26th St. corner 9th Avenue, Bonifacio Global City, Taguig
Contact Nos.: (02) 8983-1874 | 0917-166-2538 | 0917-148-2538 | 0917-156-2538
Website: www.sesla.com | Email: seslafrontline@sesla.com



Instructions:

1. Please use BLOCK LETTERS.
2. Do not leave any item blank. Write "NONE" or "N/A", if necessary.
3. Provide accurate information.
4. Affix your signature in all designated spaces. Your signature must be consistent with the signature appearing on your submitted valid ID.
5. Submit the accomplished form to seslafrontline@sesla.com

***** MEMBERSHIP APPLICATION FORM *****

		STAFF NO.	<input type="checkbox"/> New Member Date: _____	<input type="checkbox"/> Update Date: _____
PERSONAL INFORMATION				
Last Name	First Name	Middle Name	Extension Name	Mother's Maiden Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)	Place of Birth		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
CONTACT INFORMATION				
Present Address			Permanent Address	
Mobile Numbers			Personal Email Address	
BUSINESS/WORK INFORMATION				
Name of Company	Workbase	Business/Work Address		Date Joined Shell (MM/DD/YR)
FINANCIAL INFORMATION				
Source of Funds <input type="checkbox"/> Employment <input type="checkbox"/> Business <input type="checkbox"/> Pension <input type="checkbox"/> Other, please specify: _____				Gross Monthly Income
Name of Bank	Bank Account Number	<input type="checkbox"/> One-Time <input type="checkbox"/> Build-up	Minimum Capcon Php _____ Effective Date: _____	Monthly Capcon Php _____ Effective Date: _____
Mode of Payment: <input type="checkbox"/> PDC <input type="checkbox"/> 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.				
BENEFICIARY (attach additional sheet if necessary)				
Name/s:	Relationship	Date of Birth (MM/DD/YR)		
QUESTIONS ON POLITICALLY-EXPOSED PERSONS (PEP) PURSUANT TO ANTI-MONEY LAUNDERING ACT				
<small>Pursuant to Rule 3 (Definition of Politically Exposed Persons) and Rule 19 (Customer Due Diligence) of the 2018 Implementing Rules and Regulations of Republic Act No. 9160, as amended, the institution is required to identify and apply enhanced due diligence measures to Politically Exposed Persons (PEPs).</small>				
1) ARE YOU A CURRENT OR A FORMER ELECTED OR APPOINTED GOVERNMENT OFFICIAL?	<input type="checkbox"/> YES <input type="checkbox"/> Current <input type="checkbox"/> Appointed <input type="checkbox"/> Previous <input type="checkbox"/> Elected		<input type="checkbox"/> NO	
2) POSITION/S HOLDING/ HELD, PERIOD/S THEREOF, AND OFFICE AND ADDRESS WHERE POSITION/S IS/ ARE BEING HELD/ WAS HELD				
POSITION/S BEING HELD/HELD	OFFICE AND ADDRESS	PERIOD COVERED		
3) DID YOU FILE A CERTIFICATE OF CANDIDACY IN THE RECENT ELECTION?				
<input type="checkbox"/> YES, FOR WHAT ELECTIVE OFFICE? _____		<input type="checkbox"/> NO		
4) DO YOU HAVE A CLOSE RELATIONSHIP WITH OR ARE YOU A FAMILY MEMBER OF AN INDIVIDUAL WHO HAS FILED A CERTIFICATE OF CANDIDACY IN THE RECENT ELECTION?				
NAME/S	RELATION	FOR WHAT ELECTIVE OFFICE		
5) DO YOU HAVE A CLOSE RELATIONSHIP WITH OR ARE YOU A FAMILY MEMBER OF AN ELECTED OR APPOINTED GOVERNMENT OFFICIAL?				
NAME/S		POSITION/S BEING HELD/HELD	OFFICE AND ADDRESS	PERIOD COVERED
QUESTION ON MEMBER RISK PROFILING PURSUANT TO ANTI-MONEY LAUNDERING ACT				
ARE YOU INVOLVED IN FOREIGN EXCHANGE OR MONEY CHANGING OPERATION AND/OR REMITTANCE BUSINESS?		<input type="checkbox"/> YES		<input type="checkbox"/> NO
SPECIMEN SIGNATURES (Please sign on each box below)				

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

The term PEP shall include immediate family members (within the second degree of affinity or consanguinity), and close relationships and associates that are reputedly known to have --

1. Joint beneficial ownership of a legal entity or legal arrangement with the main/principal PEP; or
2. Sole beneficial ownership of a legal entity or legal arrangement that is known to exist for the benefit of the main/principal PEP.

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.

DATA PRIVACY CONSENT AND MEMBER UNDERTAKING

By filling out this Membership Application Form and affixing my specimen signature below, I hereby confirm, acknowledge, and agree to the following:

1. I have been duly notified and informed of the specific purposes for which my personal information and sensitive personal information are being collected and processed, in accordance with the Data Privacy Act of 2012;
2. I expressly consent to and authorize SHELL EMPLOYEES SAVINGS & LOAN ASSOCIATION, INC. (SESLA), its officers, staff, and duly authorized Data Processors to collect, process, store, use, and retain my personal;
3. I authorize SESLA, its officers, staff, and duly authorized Data Processors to validate and verify the authenticity of all information and documentary requirements submitted by me with the appropriate Data Controllers or entities that have custody of such information.
4. I confirm that a personal interview (either in person or virtually) has been conducted between myself and a duly authorized SESLA representative in connection with this application.
5. I authorize SESLA to retain, maintain, and control my personal information for the duration of my membership. I further authorize SESLA to securely dispose of, destroy, or delete my personal information ten (10) years after the termination of my membership, subject to applicable laws and regulatory retention requirements.
6. I acknowledge that SESLA is required to submit my credit information to the Credit Information Corporation (CIC) in compliance with Republic Act No. 9510 (Credit Information System Act), and I expressly consent to such submission and disclosure.
7. I understand that my personal information shall be stored in SESLA's Customer Relationship Management (CRM) system, which is accessible to me through secure login credentials. Any updates or changes to my personal information shall be made through the SESLA CRM site. I acknowledge that it is my sole responsibility to update and maintain the accuracy of my personal information. No SESLA staff member or Trustee may initiate changes to my personal details unless formally authorized by me through a written letter or official email communication.

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 of Applicant

Date Signed (MM/DD/YYYY)

TO BE FILLED OUT BY SESLA PERSONNEL

Application Type <input type="checkbox"/> New Member <input type="checkbox"/> Re-membership	Documents Submitted <input type="checkbox"/> Valid ID/s <input type="checkbox"/> Payslip <input type="checkbox"/> Proof of Deposit <input type="checkbox"/> Certificate of Employment (COE)	Member Risk Profile <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Personal Interview, Membership Orientation Program, Signature Verification and Profiling conducted: <input type="checkbox"/> Face to Face/Personal Interview <input type="checkbox"/> Virtual Interview
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By: (SESLA Representative): _____ **Date:** _____

Approved by:				
	Name	Signature	Date	
1. General Manager				Board Resolution Number:
2. Trustee				
3. Trustee				
4. Trustee				Board Resolution Date:
5. Trustee				