



MERALCO EMPLOYEES SAVINGS & LOAN ASSOCIATION, INC.

Operations Building, Meralco Center, Ortigas Avenue, Pasig City
Tel. 632-8367; 632-8376; 632-8604 Fax 632-8373; 637-8477 Email: meralco_sla@mesala.com.ph

ENROLLMENT FORM *Abuloy Program*

Surname	:	_____	Account No.	:	_____
Given Name	:	_____	Employer	:	_____
Middle Name	:	_____	MAN No.	:	_____
Date of Birth	:	_____	Mobile Number	:	_____
E-mail address	:	_____	Landline Number	:	_____

I hereby express my intent to **CONTRIBUTE** in the collection of *abuloy* amounting to P 10.00 for every death of a member and to **PARTICIPATE** in the Program. Further, I authorize MESALA to deduct said contributions from my savings and/or capital contribution buffer. I understand that my participation in the Program shall take effect from the date of approval of my enrollment.

For **DEPENDENTS**, I also understand that **the approval of my enrollment and, when so approved, my continued coverage in the Program shall be subject to a condition that my principal member is likewise covered in the Program.**

In the event of my death, please release the entire *abuloy* to my beneficiary in the following order of preference:

	Name of Beneficiary	Relationship
1.		
2.		
3.		
4.		
5.		

Signature over Printed Name

Date Approved :