

MERALCO EMPLOYEES SAVINGS AND LOAN ASSOCIATION, INC. MEMBERSHIP APPLICATION FORM FOR MINORS

Revised February 2024

INSTRUCTIONS:

1. This form should be accomplished under the guidance of the legal guardian of the minor.
2. Please use BLOCK LETTERS.
3. Do not leave any item blank. Write "NONE" or "N/A", if necessary. Any erasure should be countersigned.
4. Affix your signature on each page hereof.
5. Submit the accomplished form to membersservices@mesala.com.ph

Please attach your photo taken within the last six (6) months.

Size: 2"x2"/Passport

PERSONAL INFORMATION			
Last Name	First Name	Middle Name	Extension Name
Gender Male Female	Date of Birth (MM/DD/YYYY)	Place of Birth	Citizenship

CONTACT INFORMATION			
Preferred Mailing Address			
Present Address (RM/FLR/UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK NO.) (STREET NAME) (SUBD/BRGY.) (TOWN/AREA/MUNICIPALITY) (CITY/PROVINCE) (ZIP CODE)			
Permanent Address (RM/FLR/UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK NO.) (STREET NAME) (SUBD/BRGY.) (TOWN/AREA/MUNICIPALITY) (CITY/PROVINCE) (ZIP CODE)			
Preferred Contact Number		Preferred Email Address	
Mobile		Personal	
Landline		Other	
		Social Media Account Name	
		Facebook	
		Twitter	
Emergency Contact Details	Name		Contact No.
	Relationship		Email Address

FINANCIAL INFORMATION			
Sources of Fund/s Allowance Others, please specify:		Account/s Maintained in BDO & BPI Savings Account (SA) and Current Account (CA) Please indicate your bank account number/s in the space/s provided.	
		BDO BPI SA CA No. _____	BDO BPI SA CA No. _____
		BDO BPI SA CA No. _____	BDO BPI SA CA No. _____
Beneficial Owner – This refers to any natural person who ultimately owns or controls the customer, and/or on whose behalf a transaction or activity is being conducted, or has ultimate control over a legal person or arrangement. Do you have a beneficial owner?			
If YES, please indicate name and sources of funds			NO

QUESTIONS ON POLITICALLY-EXPOSED PERSONS (PEP) PURSUANT TO ANTI-MONEY LAUNDERING ACT			
(1) 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?			YES NO
NAME/S	RELATION	FOR WHAT ELECTIVE OFFICE	
(2) DO YOU HAVE A CLOSE RELATIONSHIP WITH OR ARE YOU A FAMILY MEMBER OF AN ELECTED OR APPOINTED GOVERNMENT OFFICIAL?			YES NO
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?		YES NO

DECLARATION		
(1) Enrolment to the Regular Monthly Transfer from Regular Savings Deposit to Capital Contribution Account. If YES, indicate desired amount. <i>Note: Maximum of Php4,000 per month</i>	YES	NO
(2) Enrolment to the Abuloy Program. <i>Note: Php10 donation for every occurrence of death among members enrolled in the Program</i>	YES	NO
(3) Enrolment to the Death Benefit Program. <i>Note: Php100 monthly insurance premium</i>	YES	NO

SPECIMEN SIGNATURES (Please sign on each box below)		

DATA PRIVACY CONSENT

In compliance with the requirements of the Data Privacy Act, the minor-accountholder and/or his/her parent/s/guardian/s give/s consent to MESALA to process, store, disclose or share the minor-accountholder's personal information or sensitive personal information obtained from me/us in the course of my transaction/s with MESALA. I/we confirm that I/we understand and agree that these information may be disclosed or shared by MESALA to its corporate members for verification and may be used by MESALA to update the minor-accountholder's information in its records and to contact the minor-accountholder through the contact details I/we provided for whatever legal purpose in relation to the minor-accountholder's membership with MESALA, including the dissemination of new products, updates on new policies, request to update payments for loan obligations, and the conduct of know-your-member and credit investigations. Further, I/we confirm that I/we understand and agree that the minor-accountholder's information may continue to be processed, collected, used, stored, or disclosed for ten (10 years) from the cessation/termination of the minor-accountholder's membership with MESALA or until the expiration of the retention limits set by applicable laws, whichever comes later. I/we hereby acknowledge and understand that should the minor-accountholder wish to withdraw his/her consent to receive information about new or related products of MESALA, or to access, update or correct certain personal data as set out in this form, I/we may communicate directly with MESALA's Data Protection Officer through compliance@mesala.com.ph. I/we further acknowledge and understand that I/we may obtain a copy of MESALA's Data Privacy Statement from MESALA's Office.

MEMBER UNDERTAKING

I commit and undertake to faithfully comply and abide MESALA's By-Laws, policies, and rules and regulations that the Board of Trustees and Management have issued and may hereinafter issue.

The parent/s/guardian/s commit/s and undertake/s, as he/she/they assume/s the responsibility therefor, to explain the foregoing terms and conditions for membership application and MESALA's products and services to the minor.

By signing below, we hereby certify that the information given in this application are all true and correct to the best of our knowledge and we confirm that we have read in full the terms and conditions set forth herein and have fully understood and agreed to be governed by the provisions thereof as well as the rules of MESALA, Bangko Sentral ng Pilipinas, Anti-Money Laundering Council, and the Bureau of Internal Revenue with respect to establishment of operations of the account opened. We also hereby affirm that the features, requirements, risks, and benefits of the MESALA's account were fully disclosed and explained clearly to me by MESALA. We also acknowledge that we have read, understood, and agreed to the foregoing terms and conditions which were made available to us upon account application.

_____ Signature Over Printed Name of Parent/Guardian	_____ Date Signed (MM/DD/YYYY)
_____ Signature Over Printed Name of Minor	_____ Date Signed (MM/DD/YYYY)

ENDORSEMENT

I hereby endorse the applicant to be a member of the Association with the understanding that I will personally advise, guide, and assist him/her into updating his/her membership record upon reaching the legal age of 18 years old.

Signature Over Printed Name of Primary Member/Legal Guardian

Relationship of Applicant to Endorser: _____

TO BE FILLED OUT BY MESALA PERSONNEL

Application Type <input type="checkbox"/> New <input type="checkbox"/> Readmission	Documents Submitted <input type="checkbox"/> Valid ID <input type="checkbox"/> Proof of Billing <input type="checkbox"/> Proof of Relationship <input type="checkbox"/> Others	Member Risk Profile <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Membership Date (MM/DD/YYYY)	Verified by
			CIF/Membership No.	Encoded by
Membership Type <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Status of Submission <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete Remarks, if any:	Face-to-Face Orientation Conducted by	Board Resolution No.	Reviewed by
			Date of Meeting (MM/DD/YYYY)	Approved by