

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

Revised February 2024

<b>INSTRUCTIONS:</b> <ol style="list-style-type: none"> <li>1. Please use BLOCK LETTERS.</li> <li>2. Do not leave any item blank. Write "NONE" or "N/A", if necessary.</li> <li>3. Attach a copy of any valid government-issued ID.</li> <li>4. Affix your signature on each page hereof.</li> <li>5. Obtain endorsement from authorized company signatory (if applying for primary membership) or primary member (if applying for secondary membership).</li> <li>6. Submit the accomplished form to <a href="mailto:membersservices@mesala.com.ph">membersservices@mesala.com.ph</a></li> </ol>	<p><b>Please attach your photo taken within the last six (6) months.</b></p> <p><b>Size: 2"x2"/Passport</b></p>
---	---

PERSONAL INFORMATION				
Last Name	First Name	Middle Name	Extension Name	
Gender Male    Female	Date of Birth (MM/DD/YYYY)	Place of Birth	Marital Status Single    Married Widowed Separated	Date of Marriage (MM/DD/YYYY)
Type of Government-Issued ID Submitted TIN    SSS    Philsys    Others		ID Number	Citizenship	

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

FINANCIAL INFORMATION				
Source of Fund/s Employment    Business    Pension Others, please specify:	Gross Monthly Income Php	Date of Employment (MM/DD/YYYY)	Employment Rank Rank & File    Supervisory Managerial    Executive	
Employer/Nature of Business		Employer/Business Address		
Designation/Position	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.			
Employee/MAN Number	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) ARE YOU A CURRENT OR A FORMER ELECTED OR APPOINTED GOVERNMENT OFFICIAL?		YES	NO	
		CURRENT PREVIOUS	APPOINTED ELECTED	
(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? IF YES, FOR WHAT ELECTIVE OFFICE?				
			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?			YES	NO
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	

SPECIMEN SIGNATURES (Please sign on each box below)		

**QUESTION ON MEMBER RISK PROFILING PURSUANT TO ANTI-MONEY LAUNDERING ACT**

<b>ARE YOU INVOLVED IN FOREIGN EXCHANGE OR MONEY CHANGING OPERATION AND/OR REMITTANCE BUSINESS?</b>	YES	NO
<b>DECLARATION</b>		
<b>(1) Indicate desired amount of payroll/pension deduction to be credited to Regular Savings Deposit Account. Note: Minimum of Php100 per month</b>	Php	
<b>(2) Enrolment to the Regular Monthly Transfer from Regular Savings Deposit to Capital Contribution Account. If YES, indicate desired amount. Note: Maximum of Php4,000 per month</b>	YES Php	NO
<b>(3) Enrolment to the Abuloy Program. Note: Php10 donation for every occurrence of death among members enrolled in the Program</b>	YES	NO
<b>(4) Enrolment to the Death Benefit Program. Note: Php100 monthly insurance premium</b>	YES	NO

**DATA PRIVACY CONSENT**

By signing below, I hereby give consent to MESALA to collect, store, disclose, share, or otherwise process, my personal data as contained in this Form and/or as may be collected by it in the course of my membership or transaction/s with MESALA and that the same may be used or processed by MESALA for purposes of establishing and managing our business relationship, administering my account, improving the quality of my experience and journey as a member, and complying with MESALA's operational, audit, administrative, credit and risk management (like credit investigation) processes, policies and procedures, the terms and conditions governing its products, services, facilities and channels, and the applicable laws, lawful orders and rules and regulations of its regulators and pertinent government agencies. I agree that these information may be disclosed or shared, including through cross border transfer, if applicable and when necessary, by MESALA to its employees, representatives, vendors, and other business partners, and third parties like auditors, but ONLY to pursue the above purposes and only to the extent necessary and through secure means. Further, I allow MESALA to retain and process my data while my MESALA membership subsists and for ten (10) years thereafter or for as long as necessary to fulfill the purposes for which they are collected. I am aware of my rights as data subject and I hereby acknowledge and understand that should I wish to withdraw my 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 may communicate directly with MESALA's Data Protection Officer through compliance@mesala.com.ph. I further acknowledge and understand that I may obtain a copy of MESALA's Data Privacy Statement from MESALA's Office.

**MEMBER UNDERTAKING**

By signing below, I hereby certify and declare, under pain of perjury, that all of the information voluntarily provided in this Form are made in good faith and are true, accurate, and correct to the best of my knowledge and belief. I understood that any misrepresentation, wittingly or unwittingly committed, may merit the imposition of disciplinary action, including my expulsion as member of MESALA, in accordance with the rules and regulations of MESALA. I confirm that I have read, understood, and agreed in full to the terms and conditions for my continued membership with MESALA and have fully understood and agreed to be governed by the provisions thereof, as well as the Articles of Incorporation, By-Laws, and rules and regulations of MESALA, Bangko Sentral ng Pilipinas, Anti-Money Laundering Council, and the Bureau of Internal revenue. I fully recognize the MESALA's authority to reject, deny, or terminate my membership for a purpose at any given time, without prior notice to me, in order to safeguard the interests of the general membership and of MESALA as an institution. It is my responsibility to promptly inform MESALA of any changes and update my information and I hereby hold MESALA free and harmless from any loss as a result of my failure to update or disclose any of my personal information. I understand that MESALA may demand from me to submit or update any document as part of its documentary requirements. I agree that MESALA may make amendments to the terms and conditions by giving me notice by (i) exhibiting the same at the MESALA Office, (ii) publishing the same at MESALA's website or any media, or (iii) such other manner MESALA deems fit.

_____ Signature Over Printed Name of Applicant	_____ Date Signed (MM/DD/YYYY)
---	-----------------------------------

**ENDORSEMENT**

<p>If Applicant for <b>Primary Membership</b>:</p> <p>I hereby certify that the applicant is a regular/probationary employee of good moral character and has no pending administrative case and without notice of resignation.</p> <p align="center">_____ Signature Over Printed Name of Authorized Signatory</p> <p>Designation: _____</p>	<p>If Applicant for <b>Secondary Membership</b>:</p> <p>I hereby endorse the applicant to be a member of the Association.</p> <p align="center">_____ Signature Over Printed Name of Primary Member</p> <p>Relationship of Applicant to Endorser: _____</p>
--	---

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