

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

Revised February 2024

**INSTRUCTIONS:**

1. Please use BLOCK LETTERS.
2. Do not leave any item blank. Write "NONE" or "N/A", if necessary.
3. Attach a copy of any valid government-issued ID.
4. Affix your signature on each page hereof.
5. Submit the accomplished form to [membersservices@mesala.com.ph](mailto: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
Type of Membership Primary    Secondary	Name of Primary Endorser, if Secondary Member	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**

**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)

<b>Preferred Contact Number</b>		<b>Preferred Email Address</b>		<b>Social Media Account Name</b>	
Mobile		Personal		Facebook	
Landline		Work		Twitter	
Work		Other		Instagram	
<b>Emergency Contact Details</b>	<b>Name</b>			<b>Contact No.</b>	
	<b>Relationship</b>			<b>Email Address</b>	

**FINANCIAL INFORMATION**

<b>Sources of Fund/s</b> Employment    Business    Pension Others _____	<b>Gross Monthly Income</b>	<b>Date of Employment (MM/DD/YYYY)</b>	<b>Employment Rank</b>	
	<b>Employment Status</b>	<b>Date of Retirement (MM/DD/YYYY)</b>	Rank & File	Supervisory Managerial    Executive
<b>Employer/Nature of Business</b>		<b>Employer/Business Address</b>		
<b>Designation/Position</b>	<b>Account/s Maintained in BDO &amp; BPI</b> [Savings Account (SA) and Current Account (CA) Please indicate your bank account number/s in the space/s provided.			
<b>Employee/MAN Number</b>	<b>BDO</b>	<b>BPI</b>	<b>SA</b>	<b>CA No.</b> _____
	<b>BDO</b>	<b>BPI</b>	<b>SA</b>	<b>CA No.</b> _____
<b>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?</b>				
If YES, please indicate name and sources of funds				NO

**QUESTIONS ON POLITICALLY-EXPOSED PERSONS (PEP) PURSUANT TO ANTI-MONEY LAUNDERING ACT**

<b>(1) ARE YOU A CURRENT OR A FORMER ELECTED OR APPOINTED GOVERNMENT OFFICIAL?</b>		YES		NO
		CURRENT PREVIOUS	APPOINTED ELECTED	
<b>(2) POSITION/S HOLDING/ HELD, PERIOD/S THEREOF, AND OFFICE AND ADDRESS WHERE POSITION/S IS/ ARE BEING HELD/ WAS HELD</b>				
<b>POSITION/S BEING HELD/HELD</b>	<b>OFFICE AND ADDRESS</b>	<b>PERIOD COVERED</b>		
<b>(3) DID YOU FILE A CERTIFICATE OF CANDIDACY IN THE RECENT ELECTION?</b>				
IF YES, FOR WHAT ELECTIVE OFFICE?				NO
<b>(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?</b>				
<b>NAME/S</b>	<b>RELATION</b>	<b>FOR WHAT ELECTIVE OFFICE</b>		
<b>(5) DO YOU HAVE A CLOSE RELATIONSHIP WITH OR ARE YOU A FAMILY MEMBER OF AN ELECTED OR APPOINTED GOVERNMENT OFFICIAL?</b>				
<b>NAME/S</b>	<b>POSITION/S BEING HELD/HELD</b>	<b>OFFICE AND ADDRESS</b>	<b>PERIOD COVERED</b>	

**SPECIMEN SIGNATURES (Please sign on each box below)**

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**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
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**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](mailto: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.

<p align="center">_____</p> <p align="center">Member's Signature Over Printed Name</p>	<p align="center">_____</p> <p align="center">Date Signed (MM/DD/YYYY)</p>
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**TO BE FILLED OUT BY MESALA PERSONNEL**

<b>Reason/s for Updating</b> (Check all that applies) <input type="checkbox"/> Transfer of Residence <input type="checkbox"/> Change in Contact Information <input type="checkbox"/> Change in Marital Status/Citizenship <input type="checkbox"/> Change in Employment Status (Retirement) <input type="checkbox"/> Change in Membership Type/Classification <input type="checkbox"/> Change in Source/s of Income <input type="checkbox"/> No Changes/Mandatory Updating (Every 3yrs.) <input type="checkbox"/> Others, please specify:	<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>CIF/Membership No.</b>
	<b>Status of Submission</b> <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	<b>Member Risk Profile</b> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
	<b>Remarks, if any:</b>	<b>Received &amp; Verified by</b>
		<b>Date Received (MM/DD/YYYY)</b>