



PNB EMPLOYEES SAVINGS & LOAN ASSOCIATION (PESLAI), INC.

MEMBERSHIP FORM

Revised June 2025_BSP audit



The Board of Trustees
PESLA, Inc.
2/F, PNB Financial Center
Pres. Diosdado Macapagal Blvd.,
Pasay City

Date

Gentlemen:

I, the undersigned, have read the Bylaws of the PNB Employees Savings and Loan Association, Inc. (PESLAI) and I am willing to participate in the attainment of its purposes and objectives.

I, therefore, apply for membership in the Association and shall pay the required membership fee of One Hundred Pesos (P100.00) and initial minimum capital contribution of One Thousand (Php1,000) Pesos.

I am willing to participate in the "Tulong sa Ulila Program (TSUP)" and to donate an amount of P10 as my financial assistance to the legal beneficiary/ies, in case of a member's death.

I, likewise, authorize PESLAI and my employer, hereunder indicated, to deduct from my capital contribution, salaries and/or cash benefits any amount which shall fall due and payable to the Association by reason of my membership.

As a sign of good faith and loyalty, I hereby pledge and commit myself to:

- protect the good name of the Association;
- obey and protect the Association's Bylaws;
- abide by and observe all the lawful policies promulgated by the Board of Trustees;
- participate in and support the activities/projects of the Association; and
- contribute Php _____ via salary deduction which represents my capital contribution in the Association.

I voluntarily disclose and authorize PESLAI to use all the personal information I have provided in this Form in matters relative to my membership to this Association and necessary in accordance with the Data Privacy Act.

RESUME OF APPLICANT

(Signature over Printed Name)

SURNAME		NAME		MIDDLE NAME	
DATE OF BIRTH		PLACE OF BIRTH		NATIONALITY	
EMPLOYEE NUMBER		CIVIL STATUS		SEX (PLEASE CLICK APPROPRIATE BOX)	
				Male	Female
EMPLOYER		NAME OF OFFICE/BRANCH/STATION		OFC/BR CODE	POSITION/RANK
DATE ENTERED BANK		PNB EMAIL ADDRESS		EMPLOYEE STATUS	
				Officer	R&F
CONTACT NO. LANDLINE		PERSONAL EMAIL ADDRESS @GMAIL.COM		SSS No.	
CONTACT NO. MOBILE		PNB Account No. (Settlement Account)		BIR TAX ID NO. (TIN)	
SOURCE OF FUND	AMOUNT OF MONTHLY CAPITAL CONTRIBUTION	Are you or are you related to any PEP up to the 2nd degree of consanguinity or affinity?			
	Php	No	Yes	If answer is Yes, please indicate nature of being a PEP	
HOME ADDRESS					
HOUSE BLDG NO.	STREET	BGY/SUBDIVISION	TOWN/CITY	PROVINCE	ZIPCODE
PERMANENT ADDRESS PLEASE CHECK IF PERMANENT ADDRESS IS SAME AS HOME ADDRESS IF NOT, PLEASE FILL-OUT					
HOUSE BLDG NO.	STREET	BGY/SUBDIVISION	TOWN/CITY	PROVINCE	ZIPCODE
BENEFICIARIES					
(1) Name	Relation	(2) Name	Relation		
(3) Name	Relation	(4) Name	Relation		
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SPECIMEN SIGNATURES					
SIGNATURE TAKEN in PERSON AND AUTHENTICATED BY: (Anyone of the following, HEAD OF OFFICE/BRANCH HEAD/SSH)					
Signature over Printed Name		Position		Date	
Signature over Printed Name					

Approved

SUSAN R. DIAZ
Membership Committee (Member)

MELISSA "MILLIE" M. PONCE
Membership Committee (Member)

CIPRIANO "CIP" G. RESULTAY
Membership Committee Chairman

RICO B ROMA
PESLAI Chairman