Reset Form

PESLAI

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

2ND Floor, PNB Financial Center, Pres. D. Macapagal Blvd., Pasay City,
Telephone Nos.: 891-6040 Loc. 2178, 2123 Direct Line/Telefax: 526-3284

STATEMENT OF ACCOUNT REQUEST / WITHDRAWAL SLIP

Name:	Employee No.:
Position/Rank:	Station:
Office Contact No.:	Mobile No.:
Request/Transaction ◯ Full Withdrawal ☐ Statement of Account ◯ Withdrawal of Excess CapCon - Amount Php ◯ Special Instruction	I hereby acknowledge proceeds through the following mode of payment: ◯ Check ◯ Credit to Account _____

AUTHORIZATION

This is to authorize _____ whose signature appears below, to receive in my behalf, the above request.

I hereby authorize PESLAI to disclose information relative to my Capital contributions, Withdrawals and Loan Balance/s by virtue of this request for issuance of Statement of Account and the purpose stated herein.

I hereby waive my rights under Republic Act (RA) No. 10173 (Data Privacy Act), as may be amended from time to time, and such other relevant rules and regulations. I further release and hold free and harmless the PESLAI, its directors, officers and employees from all liability that may arise from this disclosure.

CONFORME: *Please provide PNB ID or 1 valid Government ID. _____ Member's Signature over Printed Name Date: _____	**Please provide any valid ID of your authorized Representative.* _____ *Representative's* Signature over Printed Name Date: _____