

	PCL EMPLOYEE SAVINGS ASSOCIATION		PESA-AFM- NO.
APPLICATION FOR MEMBERSHIP			

Date

PERSONAL INFORMATION

EMPLOYEE No.	SURNAME	FIRST NAME	MIDDLE NAME
--------------	---------	------------	-------------

PERMANENT ADDRESS

House no.	Street Name	Subdivision	Barangay	Municipal/City	Province	Zip Code
-----------	-------------	-------------	----------	----------------	----------	----------

PRESENT ADDRESS

House no.	Street Name	Subdivision	Barangay	Municipal/City	Province	Zip Code
-----------	-------------	-------------	----------	----------------	----------	----------

Date of Birth (mo./date/yr.)	Place of Birth	Gender	Civil Status	Nationality
PCL Site	Site Name/Address	Email Address		Date Hired
Position Title	Rank / Level	TIN No.		SSS No.
Mother's Maiden Name (First, Middle and Last Name)		Contact No.		Email Address

BENEFICIARIES (Following the hierarchy rule)

Name Of Beneficiary/ies (First, Middle and Last Name)	Relationship	Birthdate (mm/dd/yr)

Note

1. For Single member, child/ren and natural parents or siblings (if parents are deceased) shall be registered as beneficiary/ies.
2. For married member, only legitimate spouse, child/ren/legally adopted child/ren and natural parents shall be registered as beneficiary /ies.

I hereby apply for membership PCL Employee Savings Association. Membership fee of ONE HUNDRED PESOS (P 100.00) will be added to my first savings contribution. Should this application be approved, I hereby promise to abide by the by-laws and regulations of PESA. Likewise, I authorize my employer to deduct from my salary and remit the following amounts to PESA starting on the nearest payday following the Board of Trustees' approval:
a. For my Savings Account the amount per pay day (In Philippine Peso).

☐ 100 ☐ 200 ☐ 300 ☐ 400 ☐ 500 Others _____ (Amount should be in multiples of P100)

I hereby give my full consent to the Association and its authorized representatives or agents to collect, use, verify, process and dispose in a secure manner, whether through manual or electronic means, for the period allowed under the applicable laws and regulations, any personal data I provide for the purposes of my membership and any related applications or requests. I acknowledge that the collection and processing of my personal data is necessary for such purposes. I am aware of my right to be informed, to access, to object, to file a complaint, to rectify and to data portability, and I understand that there are procedures, conditions and exceptions to be complied with in order to exercise or invoke such rights.

APPLICANT'S SPECIMEN SIGNATURE

1.	2.	3.
----	----	----

FOR HR DEPARTMENT's USE ONLY	FOR PESA BOARD OF TRUSTEES' USE ONLY		
We have verified the information stated above and recommend the approval of this application under the payroll type below: <div><input type="radio"/> Regular/Dailies <input type="radio"/> Executive <input type="radio"/> Confidential/Monthlies Others _____</div>	The applicant's membership to PESA is hereby: <div><input type="radio"/> Approved as: <div><input type="radio"/> New <input type="radio"/> Amnesty</div><input type="radio"/> Disapproved</div>		
Endorsed By / Date	Position Title	By / Date	Encoded By / Date