



Philippine Navy Savings and Loan Association, Inc.

(Authorized by the Bangko Sentral ng Pilipinas)  
Molave St., Naval Station Jose Francisco, Fort Bonifacio, Taguig City 1634  
Telephone Nos.: 887-3736 and 887-3738

MEMBERSHIP FORM

INSTRUCTIONS:

- a. Fill up this form correctly, completely and legibly.
- b. Check applicable boxes.
- c. Write "NA" if not applicable.

1. Membership Application <input type="checkbox"/> New <input type="checkbox"/> Update (3 years cycle) <input type="checkbox"/> Re-Entry <input type="checkbox"/> Update (change of information)		2. Date of Application/Update	3. Place of Application
4. Type of Account <input type="checkbox"/> Capital Contribution <input type="checkbox"/> Savings Deposit Account <input type="checkbox"/> Others (specify):	5. Specify if: <input type="checkbox"/> Single <input type="checkbox"/> And/Or <input type="checkbox"/> And	6. Member Classification <input type="checkbox"/> Military <input type="checkbox"/> Civilian <input type="checkbox"/> Dependent <input type="checkbox"/> PNSLAI Employee 7. For Dependent Only Principal Member's Name: _____ Relationship to Principal Member: _____	

Attach Recent Photo

PERSONAL INFORMATION

8. Last Name		First Name		Middle Name		Suffix (e.g. Sr., Jr., II, III)	
9. Date of Birth (MM/DD/YYYY) ____/____/____		10. Place of Birth (City, Municipality/Province)		11. Tax Identification No. (TIN)		12. SSS/GSIS/UMID No.	
13. Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				14. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		15. Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Others (specify) _____	
16. For Married, Name of Spouse:				18. Address of Spouse/Parent(s):		19. Contact No(s). of Spouse/Parent(s):	
17. For Single, Name of Parent(s):							

CONTACT INFORMATION

20. Complete Present Address (No./Street, Subdivision, Barangay/District/City, Municipality/Province)		21. Zip Code	22. Preferred Mailing Add. <input type="checkbox"/> Present <input type="checkbox"/> Permanent	23. Contact No(s).
24. Complete Permanent Address (No./Street, Subdivision, Barangay/District/City, Municipality/Province)		25. Zip Code	26. Email Address	

SERVICE INFORMATION (For Military and Civilian Employee Only)

27. Branch of Service <input type="checkbox"/> PN/PN(M) <input type="checkbox"/> PCG <input type="checkbox"/> CIV Employee	28. Military/Civilian Employee Status <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Others (specify) _____	29. Rank/Position	30. Date Entered the Military Service/Employment (MM/DD/YYYY) ____/____/____
		31. AFPSN/CIV EMP No.	32. Date of Optional Retirement (MM/DD/YYYY) ____/____/____
33. Pay Jurisdiction <input type="checkbox"/> Philippine Navy <input type="checkbox"/> Armed Forces of the Philippines <input type="checkbox"/> General Headquarters <input type="checkbox"/> Philippine Coast Guard		34. Present Unit Assignment	35. Date of Compulsory Retirement (MM/DD/YYYY) ____/____/____

EMPLOYMENT/BUSINESS INFORMATION

36. Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Others (specify) _____	37. Occupation/Position	38. Employer/Business Contact No(s).
	39. Employer/Business Name	40. Nature of Employment/Business
	41. Employer/Business Address	
42. Sources of Wealth/Income <input type="checkbox"/> Income from Employment <input type="checkbox"/> Pension <input type="checkbox"/> Business <input type="checkbox"/> Others (specify) _____	43. Monthly Gross Income <input type="checkbox"/> P20,000 & below <input type="checkbox"/> P40,001 - P60,000 <input type="checkbox"/> P80,001 - P100,000 <input type="checkbox"/> P20,001 - P40,000 <input type="checkbox"/> P60,001 - P80,000 <input type="checkbox"/> P100,001 & above	

OTHER INFORMATION

44. List of Banks/Financial Institutions where you have deposit account/s, if any:	
45. List of Companies where you are a Director/Officer/Stockholder, if any:	
46. "I hereby certify that all data provided are accurate and I voluntary applied for membership with PNSLAI and pledge to abide with the By-Laws, rules and regulations and policies of the Association".	
47. In compliance with R.A. No. 10173 or "The Data Privacy Act of 2012" (DPA), I freely and voluntarily give my consent to PNSLAI to collect, use and process my personal data for legitimate purpose specifically as it relates to my membership with the Association to include activities and services relevant thereto. Further, by signing below I am also agreeing to PNSLAI Privacy Notice.	
_____ Printed Name and Signature of Applicant/Member	
RIGHT THUMBMARK (if unable to sign)	

TO BE FILLED-UP BY PNSLAI EMPLOYEE

1. PNSLAI Membership ID No. _____	5. Mode of Application <input type="checkbox"/> Walk-in <input type="checkbox"/> Through IPMS	6. Member Type <input type="checkbox"/> Regular <input type="checkbox"/> Member (on active duty) <input type="checkbox"/> Member-Retiree <input type="checkbox"/> Honorary (Employee-Member)	7. Type of Customer <input type="checkbox"/> Low Risk <input type="checkbox"/> Normal Risk <input type="checkbox"/> High Risk	8. CDD <input type="checkbox"/> Reduced <input type="checkbox"/> Average <input type="checkbox"/> Enhanced
2. Date Account Opened _____				
3. CC Account No. _____				
4. Deposit Account: a. SDA No. _____ b. SSDA No. _____				
PROCESSED/SCREENED BY  PNSLAI Personnel                      Date		RECOMMEND APPROVAL  Branch Manager/Head                      Date		APPROVED BY  <b>FOR THE CHAIRMAN: TRUSTEE MAXIMO D PANERIO</b> Membership Committee Member                      Date
This is to certify that the undersigned has conducted face-to-face contact with the member-applicant and orientation about the products, services, rules and regulations and policies of PNSLAI in compliance with the BSP Circular No. 993 (Know Your Member or KYM).				Board Resolution No. _____  Date: _____
_____ PRINTED NAME AND SIGNATURE (PNSLAI Personnel)				_____ DATE

LEGAL BENEFICIARIES			
Names <small>(Last Name, First Name, Suffix and Middle Name)</small>	Relationship	Date of Birth	Complete Address
1			
2			
3			
4			
5			
6			

LIST OF REQUIREMENTS

REGULAR MEMBER		
<b>a. Military</b> <ul style="list-style-type: none"><li>i Completely filled-up Membership Form</li><li>ii 1x1 Recent ID Picture (2pcs)</li><li>iii Military ID and other valid ID (unexpired)</li><li>iv Proof of Military Employment (photocopies)*<ul style="list-style-type: none"><li>√ Appointment Order</li><li>√ CAD Order</li><li>√ Enlistment/Re-Enlistment Order</li><li>√ Retirement Order</li></ul></li><li>v P50.00 membership fee</li><li>vi P1,000.00 initial capital contribution deposit</li></ul>	<b>b. Civilian Employee</b> <ul style="list-style-type: none"><li>i Completely filled-up Membership Form</li><li>ii 1x1 Recent ID Picture (2pcs)</li><li>iii Civilian Employee ID and other valid ID (unexpired)</li><li>iv Proof of Employment (photocopies)*<ul style="list-style-type: none"><li>√ Certificate of Employment (COE)/ Appointment Order</li></ul></li><li>v P50.00 membership fee</li><li>vi P1,000.00 initial capital contribution deposit</li></ul>	<b>c. Dependents</b> <ul style="list-style-type: none"><li>i Completely filled-up Membership Form</li><li>ii 1x1 Recent ID Picture (2pcs)</li><li>iii 1 to 2 valid IDs (unexpired)</li><li>iv 1 valid ID (for Minor ages 7 years old &amp; below, Birth Certificate is allowed as proof of identification)</li><li>iv Proof of Relationship to Principal Member (photocopies)*<ul style="list-style-type: none"><li>1) Dependent's ID</li><li>2) Birth Certificate (NSO/PSA copy)</li><li>3) Marriage Contract/Certificate (NSO/PSA copy)</li></ul></li><li>v P50.00 membership fee</li><li>vi P1,000.00 initial capital contribution deposit</li></ul>

HONORARY MEMBER	
	<ul style="list-style-type: none"><li>i Completely filled-up Membership Form</li><li>ii 1x1 Recent ID Picture (2pcs)</li><li>iii 1 Primary ID (unexpired) or 2 Secondary IDs (unexpired)</li><li>iv Proof of Employment (photocopies)*<ul style="list-style-type: none"><li>1) PNSLAI ID</li><li>2) Notice of Personnel Action (as regular employee)</li></ul></li><li>v P50.00 membership fee</li><li>vi P1,000.00 initial capital contribution deposit</li></ul>

LIST OF VALID IDENTIFICATION CARDS			
1 Passport	9 Barangay Certification	15 Seaman's Book	20 Integrated Bar of the Philippines (IBP) ID
2 Driver's License	10 GSIS e-Card/UMID	16 Alien/Immigrant Certification of Registration	21 Company ID
3 PRC ID	11 SSS	17 Government Office/GOCC	22 Student's ID
4 NBI Clearance	12 Senior Citizen Card	18 Certification from National Council for the Welfare of Disabled Persons (NCWDP)	23 National ID
5 Police Clearance	13 Overseas Workers Welfare Administration (OWWA)	19 Department of Social Welfare and Development (DSWD) Certification	24 SEC Certificate of Registration
6 Postal ID	14 OFW ID		25 Business Registration Certificate
7 Voter's ID			26 Philhealth ID
8 TIN			27 Others

*\*Please bring original copies for verification.*  
*Note: Additional requirements may be required for customer identification.*



**PHILIPPINE NAVY SAVINGS AND LOAN ASSOCIATION, INC.**  
**(Authorized by the Bangko Sentral ng Pilipinas)**

**Politically Exposed Person (PEP)**  
**New/Update Member's Questionnaire**

BSP Circular 706 (as amended) requires us as a financial institution to determine if our clients may be Politically Exposed Person (PEP), and as such we request that you answer the following questions;

Do you or any of your **immediate family** hold or as held one of the following offices or positions in the Philippines or in a foreign state? Put    **✓** if **YES**, and    **X** if **NO** in the following blanks.

(a)

head of state or head of government (president, vice-president);

(b)

member of the executive council of government or member of a legislature (cabinet secretaries, senators, congressmen);

(c)

senior national or local government politicians (governors, vice-governors, mayors, vice-mayors);

(d)

Filipino ambassadors;

(e)

uniformed personnel (e.g., AFP, PNP, PCG, others with one-star rank and above);

(f)

president of a government -owned or -controlled corporations and other head of government agencies (e.g., BSP, DBP, HDMF);

(g)

judge (members of the Supreme Court, Court of Appeals, Court of Tax Appeals & Sandiganbayan)

(h)

leader or president of a political party represented in a legislature (political party officials)

If the answer to any of the questions is yes, please provide details of such names, positions and the parties involved (use the reverse side of this form or attach additional pages as needed).

Complete Name of PEP/s	Position/Rank
1. <div></div>	<div></div>
2. <div></div>	<div></div>

☐

See reverse side

☐

attached additional pages

**Note:** Immediate family members of PEPs refer to individuals who are related to a PEP within the second degree of affinity or consanguinity as per BSP Circular No. 1022, dated 26 November 2018 (*e.g. parents and parents-in-law, children and children-in-law, siblings and siblings-in-law, grandparents and grandparents-in-law*).

By affixing my signature, I hereby certify to the correctness of all information contained herein, and I am agreeing to the PNSLAI Privacy Notice and giving my consent to the collection and processing of my personal data in accordance thereto.

Member's Signature over Printed Name

Date

**For PNSLAI use only:**

Verified by: <div></div> <div>PNSLAI Personnel's Signature over Printed Name/Date</div>	Noted by: <div></div> <div>Branch Manager/Head's Signature over Printed Name/Date</div>
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# Philippine Navy Savings & Loan Association, Inc.

DATE \_\_\_\_\_

MANILA BRANCH

ACCT. ☐ CAPITAL CONTRIBUTION  
TYPE ☐ SAVINGS

CONFORME:  
By signing below, I am agreeing to the  
PNSLAI Privacy Notice and giving my  
consent to the collection and processing of  
my personal data in accordance thereto.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_

TEL. NO. \_\_\_\_\_

PLEASE SIGN THrice BELOW AND DESCRIBED WHETHER AND OR AND/OR

1. \_\_\_\_\_ 1. \_\_\_\_\_  
2. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 3. \_\_\_\_\_

AUTHORITY LIMITS

SIGNATURE REQUIREMENTS

☐ SINGLE ☐ JOINT☐ \_\_\_\_\_  
(OTHERS SPECIFY)

OPENED BY:

INITIAL

APPROVED BY:

AUTHORIZED SIGNATURE



# Philippine Navy Savings & Loan Association, Inc.

DATE \_\_\_\_\_

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1. \_\_\_\_\_ 1. \_\_\_\_\_  
2. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 3. \_\_\_\_\_

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Member’s Signature over Printed Name

Date

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Verified by:	Noted by:
<div></div> <div>PNSLAI Personnel’s Signature over Printed Name/Date</div>	<div></div> <div>Branch Manager/Head’s Signature over Printed Name/Date</div>