



# PHILIPPINE COAST GUARD SAVINGS & LOAN ASSOCIATION INC.

(Authorized by the Bangko Sentral ng Pilipinas)

PCGSLAI Bldg., Coast Guard Base Farola, Muelle dela Industria, Farola Compound, Binondo, Manila  
Telephone No.(02) 243-7915 Fax No.(02) 708-9357 email : pcgslai@gmail.com

## REQUEST FOR ADVANCE PAYMENT FOR SHARE IN THE FUTURE INCOME (APSF)

Name of Member: \_\_\_\_\_  
(Last Name, First Name Extension Name Middle Name)

Membership Type:  Regular  Honorary  
 Relative (Principal Name \_\_\_\_\_)

Current Home Address: \_\_\_\_\_

\_\_\_\_\_ Latest Mobile / Telephone No: \_\_\_\_\_

Email address: \_\_\_\_\_ CapCon Account No. \_\_\_\_\_

### GUIDELINES, TERMS AND CONDITIONS

1. Bangko Sentral ng Pilipinas (BSP) Circular 789 requires all NSSLAs to distribute income to its members only once a year.
2. The PCGSLAI Board of Trustees as per Board Resolution No. 04191-112 has approved the granting of Advance Payment for Share in the Future Income (APSF) of the Association for the year 2019.
3. Availment of the APSFI is subject to existing APSFI Policy Guidelines approved by the BSP.
4. Members who wish to avail of the APSFI must submit a duly accomplished APSFI Request Form.
5. The amount of the APSFI shall be computed at a rate approved by the Board of Trustees.
6. Releasing of APSFI shall commence immediately upon approval by the Board of Trustees.
7. The APSFI shall be automatically credited to the member's Special Disbursement Account (SDA) Passbook.
8. The APSFI shall be charged or deducted from the member's dividend at yearend.

### CERTIFICATION AND AUTHORITY

I hereby request for the Advance Payment for Share in the Future Income (APSF) of the PCGSLAI and agree to the guidelines, terms and conditions stated herein.

I further agree that pursuant to RA 10173 and its IRR, I voluntarily give consent to the PCGSLAI for the processing of my personal information contained herein, for purposes of my application for the APSFI and other activities related thereto.

SIGNED: \_\_\_\_\_  
Signature over printed name of Member

DATE: \_\_\_\_\_

### TO BE FILLED-UP BY PCGSLAI ONLY:

Amount of APSFI: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Checked By: \_\_\_\_\_

Recommending Approval: \_\_\_\_\_

Approved by: \_\_\_\_\_

VP-Treasury

President

Mem\_Code \_\_\_\_\_

SDA NO. \_\_\_\_\_

SDA Name: \_\_\_\_\_

\_\_\_\_\_

Created by: \_\_\_\_\_

Date Posted: \_\_\_\_\_