

PCGSLAI Building, Coast Guard Base Farola, Muelle dela Industria Farola Compound, Binondo, Manila ① Telephone No. (02) 8243-7915 /(02) 8243-7518 local 203 & 206 □ pcgslai.elecom@gmail.com

## **CERTIFICATE OF CANDIDACY**

FILL UP ALL INFORMATION LEGIBLY & CORRECTLY. CHECK APPLICABLE BOX AND WRITE "NA" IF NOT APPLICABLE. ALL FIELDS WITH ASTERISK (\*) ARE MANDATORY.

I. PERSONAL INFORMA	TION			
NAME OF CANDIDATE* (Last	Name, Given Name Extension Name	Middle Name)	-	
LATEST MAILING ADDRESS*			0.010	DIOTUDE
CONTACT INFORMATION*			2 x 2 ID I	PICTURE
MOBILE NUMBER	TELEPHONE NUMBER	VALID EMAIL ADDRESS*		
INOBIEE NOMBER	TEEL HONE NOMBER	VILIB EIIII III III III III III III III III		
DATE OF BIRTH*	AGE	PLACE OF BIRTH	-	
MARITAL STATUS	NAME OF SPOUSE (Last Name	, Given Name, Middle Name)	1	
IMPORTANT : Contact Information and information.	I email addresses must be valid and reacha	ble. The ELECOm will not be held liable for any n	niscommunication brought abou	ut by invalid contact
II. EDUCATIONAL ATTA	INMENT			
NAME OF SCHOOL		COURSE / DEGREE		YEAR GRADUATED
III. EMPLOYMENT Please check:	ACTIVE PCG PE	RSONNEL	RETIRED PCG PERSO	DNNEL
IF ACTIVE (please specify)		_		
Present Rank and Position		Unit Assignment		
IF RETIRED, (please specify)	employe	d self-emp	loyed	not employed
Name of Employer / Business:			Position:	
Address of Employer / Place of	Business:		Telephone No:	
Previous Rank and Position at the PCG		Previous Assignment	Date of Retirement	

	Positions Held	Member Since / Indicate inclus dates of Affiliation
SEMINARS AND TRAININGS ATTENDED*(Please at	tach copy of Certificate of Attendance	e, and use another sheet if necessary)
TITLE OF SEMINAR / TRAINING	Dated ATTENDED	CONDUCTED BY:
		oard of Trustees of Philippine Coast
Guard Savings and Loan Association, Inc. (PCGSLA  I affirm and confirm under oath that I have re PCGSLAI Elecom and I have all the qualifications at for Non-Bank Financial Institution of the BSP to run I certify that I have been a member in good s  I further certify under pain of the crime of Pe of my knowledge. It is understood that any informatio for my disqualification from running for membership to for my disqualification and termination from office sho  By signing my name below, i give consent to t data by the PCGSLAI, pursuant to the provisions of F for purposes as herein stated.	ead and understood the 2020 End none of the disqualifications for the Board of Trustees.  Standing of PCGSLAI since  rjury that all information stated in I have given that were prover to the Board of Trustees of the Fould I win a seat in the BOT.  the collection, use, processing,	(MUST specify date of membership herein are true and correct to the beson to be false or not true shall be ground PCGSLAI and may be used as ground storage, and retention of my personal
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Book No.

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