PHILIPPINE COAST GUARD SAVINGS AND LOAN ASSOCIATION, INC.

(Authorized by the Bangko Sentral ng Pilipinas)
Coast Guard Base Farola, Farola Compound, Muelle dela Industria, Binondo, 1006 Manila
Tel Nos. (02) 8 310-1771 local 102 / Mobile No. (0917) 633 6345
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MEMBERSHIP FORM

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

PURPOSE OF APPLICATION	DATE OF APPLICATION	PLACE OF APPLICATION
( ) NEW ( ) UPDATE		

MEMBER TYPE ☐ REGULAR ☐ RELATIVE (Name of Regular Member: _____) ☐ HONORARY

PERSONAL INFORMATION

ID 2X2

*NAME ***(Lastname, Firstname, Extension Name Middle Name, Maiden Name)***

*BIRTHDATE ***(MM/DD/YYYY)***	*AGE	*PLACE OF BIRTH	*NATIONALITY

*GENDER ☐ FEMALE ☐ MALE	* HEIGHT (inches)	* WEIGHT (kg)

*CIVIL STATUS ☐ Single ☐ Separated ☐ Widow/er ☐ Married *(Name of Spouse, if married _____)*

* NO. OF DEPENDENTS	*TIN	* SSS or GSIS NO

CONTACT INFORMATION

*MAILING ADDRESS (Please check one only): ☐ Current Home Address ☐ Provincial Address ☐ Office/Business Address

*CURRENT HOME ADDRESS: ☐ Owned ☐ Rented (Lessor, if rented _____) *YEARS OF STAY:

*ZIP CODE

*PROVINCIAL ADDRESS:	ZIP CODE	* EMAIL ADDRESS:

*MOBILE NO:	TEL NO:	FACEBOOK PROFILE :

FINANCIAL INFORMATION

*OCCUPATION:	* NET INCOME:	*SOURCE OF FUND:

* No. OF CARS OWNED:	*DEPOSITORY BANKS: ☐ LBP ☐ BDO ☐ BPI ☐ MBTC ☐ RCBC ☐ SB ☐ UBP ☐ EWB ☐ Others _____	TYPE OF ACCOUNTS (pls check all that apply) ☐ SA ☐ CA ☐ FxD ☐ Others _____

*EMPLOYER'S NAME *(if employed)* / BUSINESS NAME *(if self-employed)*: NATURE OF BUSINESS

*OFFICE/BUSINESS ADDRESS: ZIP CODE:

OFFICE TELEPHONE:	FAX NO:	WEBSITE:

***FOR PCG PERSONNEL ONLY (please choose)**	☐ UNIFORMED ( ) ACTIVE ( ) RETIRED	☐ CIVILIAN EMPLOYEE ( ) PERMANENT ( ) CASUAL ( ) CONTRACTUAL

*SERIAL NO. / CIV ID NO.	RANK / POSITION	UNIT ASSIGNMENT / NAME OF OFFICE

*DATE ENTERED PCG/ DATE EMPLOYED	DATE OF RETIREMENT	DATE OF SEPARATION	*NUMBER OF YEARS IN SERVICE

FOR HONORARY MEMBERS ONLY	DATE OF EMPLOYMENT	REGULARIZATION DATE	DEPARTMENT	POSITION

I hereby certify that I applied for membership with the PCGSLAI and pledge to follow and abide all the By-laws, policies, rules and regulation of the Association.

I also hereby confirm that pursuant to RA 10173 or The "Data Privacy Act of 2012" (DPA) and its implementing rules and regulations, I freely and voluntarily give consent to the PCGSLAI for the collection, processing and retention of my personal information compatible with and for purposes of business and management processes which includes any activities or services done by the PCGSLAI and for submission to government agencies or public authority pursuant to any constitutional or statutory mandate.

I am aware that PCGSLAI shall retain such personal information throughout my membership and for a period of ten years after termination. Further, I understand that I have certain rights under the DPA with regard to my personal data such as but not limited to right to access, right to correct any inaccuracy, right to its erasure or blocking and or right to withdraw consent.

RIGHT THUMB MARK

_____ Signature over printed name of Applicant

_____ Date Signed

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Member Type Evaluation: ☐ **300** ☐ **200** ☐ **100**

MEMBERSHIP DATE	MEM_CODE	ACCOUNT NAME	ACCOUNT/PASSBOOK NO.

SCREENED BY:	RECOMMENDING APPROVAL:	APPROVED BY:
_____ Membership Clerk _____ Date	_____ VP- Operations _____ Date	_____ President _____ Date

*DEPENDENTS / BENEFICIARY

(Please check box, if Dependent is also the Beneficiary)

	NAME	BIRTHDAY	RELATIONSHIP	ADDRESS
☐				
☐				
☐				
☐				
☐				
☐				
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APPROVAL OF MEMBERSHIP	**VERIFICATION**	Proof of Eligibility for Uniformed PCG
CONFIRMED BY THE BOARD OF TRUSTEES AS PER BOARD RESOLUTION: NO. _____ Date: _____	Face to Face Contact and Membership Orientation with client were conducted: By: _____ Signature over printed name Date: _____	_____ Certified by: _____

REQUIREMENTS FOR MEMBERSHIP

IMPORTANT : Face to Face Contact required pursuant to BSP Circular 993 (KYM Guidelines) and SEC Memorandum Circular No 16 series of 2019

- A Filled-up and Signed Membership Application Form
- B Payment of Membership Fees and Initial Capital Contribution
- C Proof of eligibility (Original & Photocopy of Appointment Order (CAD/Enlistment/Retirement) and/or Certificate of Employment
- D Proof of Residence (Refer to list below)
- E Proof of relationship (PSA copy of all that applies) (Please refer to list below)
- F One (1) pc 2x2 ID picture

Mandatory Documentary Requirements

REGULAR MEMBER

1. A, B, C, D and F above
2. Present Original & submit Photocopy of PCG ID or any of the government issued ID listed below.

SPOUSE OF REGULAR MEMBER:

1. A,B, D, E and F above
2. Signed Endorsement Letter of the Regular Member
3. Present original & submit Photocopy of PCG Dependent's ID or any of the government issued ID listed below.
4. CENOMAR (PSA Copy)

PARENTS OF A REGULAR MEMBER

1. A,B, D, E and F above
2. Signed Endorsement Letter of the Regular Member
3. Present original & submit photocopy of PCG Dependent's ID or any government issued ID. (Please refer to list below)
4. Authenticated PSA Copy of Birth Certificate / Marriage Certificate

IN-LAWS OF A REGULAR MEMBER

1. A,B, D, E and F above
2. Signed Endorsement Letter of the Regular Member
3. TIN, SSS, GSIS or any of the IDs listed below

PROOF OF RELATIONSHIP

1. Birth Certificate of the regular member if applicant is sibling, parent or inlaw)
2. Birth Certificate of the applicant
3. Adoption Papers (if adoptive child)
4. Marriage Certificate (if applicant is married female relative)
5. Marriage Certificate or Birth Certificate of the parents (if granchild)

HONORARY MEMBER (PCGSLAI employee)

1. A, B, C, D and F above
2. Photocopy of Employee ID

FOR SIBLINGS (Brother or Sister), Children/Grandchildren, or Adoptive Children of a Regular Member:

1. A,B, D, E and F above
2. Signed Endorsement Letter of the Regular Member (if Legal Age) or Certification of Administratix (if child is MINOR)
3. Present original & submit photocopy of PCG Dependent's ID or any govern issued ID. (Please refer to list below)

FOR GRANDCHILDREN OF REGULAR MEMBER (below 18 yrs old)

1. A,B, D, E and F above
2. Certificate of undertaking by the parents of the minor
3. Certification of Administratix

PROOF OF RESIDENCE

Utility Billing Statements (Power, Water, Cable, Telephone)
Bank, Credit Card or Insurance Statements
Registered mail with Philpost Machine Stamp
Real Property Tax Receipt (current year)

LIST OF VALID GOVERNMENT IDENTIFICATION

Driver/s Licence
PhilSys ID
Passport
PRC License
Senior Citizen ID
School ID (for minors only)
Voter's ID