



PHILIPPINE COAST GUARD SAVINGS AND LOAN ASSOCIATION, INC.

(Authorized by the Bangko Sentral ng Pilipinas)

PCGSLAI Bldg., Coast Guard Base Farola, Farola Compound, Muelle dela Industria, Binondo, Manila

<http://www.pcgs lai.com.ph>

APPLICATION FOR TERMINATION OF MEMBERSHIP

CONTACT DETAILS			
NAME LAST NAME FIRST NAME MIDDLE NAME			MEM ID:
CONTACT NOS MOBILE NO. TELEPHONE NO. EMAIL ADDRESS:			
TYPE OF MEMBERSHIP ☐ REGULAR () UNIFORMED __ ACTIVE __ RETIRED () CIVILIAN ☐ ASSOCIATE (Please specify Name of Primary Member, as applicable: _____) ☐ HONORARY			
ACCOUNT NUMBERS			
CAPCON:	ACCOUNT NAME	ACCOUNT NO.	PASSBOOK NO.
SAVINGS:	ACCOUNT NAME	ACCOUNT NO.	PASSBOOK NO.
OTHERS:	ACCOUNT NAME	ACCOUNT NO.	PASSBOOK NO.
REASON FOR TERMINATION			
WHY DO YOU WISH TO TERMINATE YOUR MEMBERSHIP? Please tick all that apply. ☐ Retiring from the Coast Guard Service ☐ Needs Money for personal reason ☐ Separation of employment from PCG ☐ No longer interested ☐ Migration to other country ☐ Termination of Regular Member ☐ Others: (Please Specify) _____.			
DECLARATION			
I declare that I will terminate my membership from PCGSLAI and I am fully aware that all my Associates (if any) will also be terminated as a result of my termination as member. I also declare that I am waiving my rights for any claims with the Association upon termination of my membership and I am fully aware that reinstatement of my membership will be subject to the approval of the Board of Trustees. Furthermore, I hereby authorize the PCGSLAI to deduct from my Deposit Accounts any outstanding obligations that I may have at the time of my termination. _____ Signature Over Printed Name of Member _____ Date Signed			
FOR PCGSLAI USE ONLY			
Operations Department: ☐ Member has outstanding obligation in the amount of P_____ as () Principal Borrower () Co-Maker ☐ Member is cleared from any accountabilities Attested Correct By: _____ Position: _____ Date: _____			
Treasury Department: ☐ Account Closed ☐ Loan Balance Fully Paid Processed By: _____ Position: _____ Date: _____			
Membership: Date of termination: _____ Remarks: _____ Processed By: _____ Position: _____ Date: _____			
Recommending Approval: _____ VP-Admin, HR & GS		Approved by: _____ President	