MERALCO EMPLOYEES SAVINGS AND LOAN ASSOCIATION, INC. MEMBERSHIP APPLICATION FORM FOR MINORS

Revised June 2025

INSTRUCTIONS:

- This form should be accomplished under the guidance of the guardian of the minor.
 Please use BLOCK LETTERS. Do not leave any item blank. Write "NONE" or "N/A", if necessary.
- 3. Submit the accomplished form to **membersservices@mesala.com.ph** along with copies of the following:
 - 3.1. Any one valid government-issued ID/school ID;
 - 3.2. Proof of relationship to the primary member (if applying for secondary membership); and
 - 3.3. Proof of billing (i.e., any utility bill showing permanent address)

I. SIGNATURE	CARD (Please affix three	ee (3) specimen sig	natures on the boxe	s provided below)
LAST NAME			MIDDLE NAME	EXTENSION NAME
			Ploaso atta	ich your photo taken
				last six (6) months
			within the	riast six (6) illolitiis
1.			Size:	2"x2"/Passport
			J.201	
2.				
 ⁻				
3.				
		ERSONAL INFORMA	ATION	
	te of Birth (MMDDYYYY)	Place of Birth	Citiz	enship
Male Female				
Type of Valid ID/s Submit		ID Number		ration Date
PhilSys Passport Sch Others, please specify:	00I ID		(MIMI	DDYYYY)
Others, please specify.				
		ONTACT INFORMA	TION	
Droforred Mailing Addrso	_			
Preferred Mailing Addres	iS			
Present Address		O & BLDG NAME)	(STREET)	
		O. & BLDG. NAME)	(STREET)	
Present Address (HOUSE/LOT & BLK NO.)	(FLOOR/UNIT N	·	, ,	(ZIP CODE)
Present Address		·	(STREET) NICIPALITY/CITY/PROVINCE)	(ZIP CODE)
Present Address (HOUSE/LOT & BLK NO.) (SUBDIVISION)	(FLOOR/UNIT N	·	, ,	(ZIP CODE)
Present Address (HOUSE/LOT & BLK NO.)	(FLOOR/UNIT N (BRGY.)	·	, ,	(ZIP CODE)
Present Address (HOUSE/LOT & BLK NO.) (SUBDIVISION) Permanent Address	(FLOOR/UNIT N (BRGY.)	(TOWN/AREA/MUN	NICIPALITY/CITY/PROVINCE)	(ZIP CODE)
Present Address (HOUSE/LOT & BLK NO.) (SUBDIVISION) Permanent Address	(FLOOR/UNIT N (BRGY.)	(TOWN/AREA/MUN O. & BLDG. NAME)	NICIPALITY/CITY/PROVINCE)	(ZIP CODE) (ZIP CODE)
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Present Address (HOUSE/LOT & BLK NO.) (SUBDIVISION) Permanent Address (HOUSE/LOT & BLK NO.) (SUBDIVISION) Preferred Contact Number Mobile Landline Do you have relatives with	(FLOOR/UNIT N (BRGY.) (FLOOR/UNIT N (BRGY.) Preferred Email A Personal Other IV. FAM thin the second degree of colings, children, grandparer	(TOWN/AREA/MUN O. & BLDG. NAME) (TOWN/AREA/MUN Address ILY GROUP INFORI	(STREET) (STREE	ontact Details
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V. ENROLMENT TO MEMBERSHIP PROGRAMS					
(1) Enrolment to the Regular Monthly Transfer from Regular Savings Deposit to Capital			YES	NO	
Contribution Account. If YES, indicate desired amount. Note: Maximum of Php4,000 per month					
	(2) Enrolment to the Abuloy Program. Note: Php10 donation for every occurrence of death among			NO	
members enrolled in the Program					
VI. QUESTIONS ON MEMBER RISK					
(1) DO YOU HAVE A BENEFICIAL OWNER? Be					
controls the customer, and/or on whose behalfover a legal person or arrangement.	i a transaction or activity	ris being conducted	a, or nas unimate	Control	
	E INDICATE THE FOLLO	WING:		NO	
NAME/S	SOURCE/S OF FUNDS		RELATIO		
	GOGINGE/G CI 1 GIVEG				
(2) ARE YOU INVOLVED IN FOREIGN EXCHAN	ICE OD MONEY CHANGI	NG ODEDATION	YES	NO	
AND/OR REMITTANCE BUSINESS?	IGE OR WONET CHANGI	NG OPERATION	TES	NO	
(3) ARE YOU A CURRENT OR A FORMER ELE	CTED OR APPOINTED	Y	/ES	NO	
GOVERNMENT OFFICIAL?		CURRENT	APPOINTED		
	T	PREVIOUS	ELECTED		
POSITION/S HELD	OFFICE AND A	ADDRESS	PERIOD COV	/ERED	
(4) DID YOU FILE A CERTIFICATE OF CANDID	ACY IN THE RECENT EL	ECTION?			
IF YES, FOR WHAT ELECTIVE OFFICE?				NO	
(5) DO YOU HAVE A CLOSE RELATIONSHIP W		IILY MEMBER OF A	N INDIVIDUAL W	HO HAS	
FILED A CERTIFICATE OF CANDIDACY IN THE		\W\INIC:		NO	
NAME/S	PLEASE INDICATE THE FOLLOWING: RELATION FC		FOR WHAT EL		
10, 10, 2				OFFICE	
(6) DO YOU HAVE A CLOSE RELATIONSHIP W	I /ITH OR ARE VOLLA EAR	AII Y MEMRER OF A	N ELECTED OP		
APPOINTED GOVERNMENT OFFICIAL?	MINION AND 100 ATAM	MILI WILWIDER OF A	IN ELECTED OR		
	E INDICATE THE FOLLO	WING:		NO	
NAME/S	POSITION/S HELD	OFFICE AND ADDRESS	PERIOD COV	ÆRED	
			-		

VII. DATA PRIVACY CONSENT

In compliance with the requirements of the Data Privacy Act, the minor-accountholder and/or his/her parent/s/guardian/s give/s consent to MESALA to process, store, disclose or share the minor-accountholder's personal information or sensitive personal information obtained from me/us in the course of my transaction/s with MESALA. I/we confirm that I/we understand and agree that these information may be disclosed or shared by MESALA to its corporate members for verification and may be used by MESALA to update the minoraccountholder's information in its records and to contact the minor-accountholder through the contact details I/we provided for whatever legal purpose in relation to the minor-accountholder's membership with MESALA, including the dissemination of new products, updates on new policies, request to update payments for loan obligations, and the conduct of know-your-member and credit investigations. Further, I/we confirm that I/we understand and agree that the minor-accountholder's information may continue to be processed, collected, used, stored, or disclosed for ten (10 years) from the cessation/termination of the minor-accountholder's membership with MESALA or until the expiration of the retention limits set by applicable laws, whichever comes later. I/we hereby acknowledge and understand that should the minor-accountholder wish to withdraw his/her consent to receive information about new or related products of MESALA, or to access, update or correct certain personal data as set out in this form, I/we may communicate directly with MESALA's Data Protection Officer through compliance@mesala.com.ph. I/we further acknowledge and understand that I/we may obtain a copy of MESALA's Data Privacy Statement from MESALA's Office.

VIII. MEMBER UNDERTAKING				
I commit and undertake to faithfully comply and abide MESALA's By-Laws, policies, and rules and regulations that the Board of Trustees and Management have issued and may hereinafter issue.				
The parent/s/guardian/s commit/s and undertake/s, as he/she/they assume/s the responsibility therefor, to explain the foregoing terms and conditions for membership application and MESALA's products and services to the minor				
By signing below, we hereby certify that the information given in this application are all true and correct to the best of our knowledge and we confirm that we have read in full the terms and conditions set forth herein and have fully understood and agreed to be governed by the provisions thereof as well as the rules of MESALA, Bangko Sentra ng Pilipinas, Anti-Money Laundering Council, and the Bureau of Internal Revenue with respect to establishment of operations of the account opened. We also hereby affirm that the features, requirements, risks, and benefits of the MESALA's account were fully disclosed and explained clearly to me by MESALA. We also acknowledge that we have read, understood, and agreed to the foregoing terms and conditions which were made available to us upon account application.				
Parent's/Guardian's Signature Over Printed Name	Date Signed (MM/DD/YYYY)			
Minor's Signature Over Printed Name	Date Signed (MM/DD/YYYY)			
IX.ENDORSEMENT				
I hereby endorse the applicant to be a member of the Association with the under advise, guide, and assist him/her into updating his/her membership record upon read old.				

TO BE FILLED OUT BY MESALA PERSONNEL						
Application Type ONew OReadmission	Documents Submitted OValid ID OProof of Billing	Membership Date (MM/DD/YYYY)	Received by	Date Received		
Membership Type OPrimary OSecondary	OProof of Relationship Others, please specify:	CIF/Membership No.	Encoded by	Date Signed		
Member Risk Profile OLow	Status of Submission OComplete	Orientation Conducted by Date Conducted	Reviewed by	Date Signed		
OLow ONormal OHigh	Olncomplete Remarks, if any:	(MM/DD/YYYY)	Approved by	Date Signed		

Primary Member's/Legal Guardian's Signature Over Printed Name

Relationship of Applicant to Endorser: