

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

Revised June 2025

INSTRUCTIONS:

- Please use BLOCK LETTERS. Do not leave any item blank. Write “NONE” or “N/A”, if necessary.
- Obtain endorsement from authorized company signatory (if applying for primary membership) or primary member (if applying for secondary membership).
- Submit the accomplished form to [membersservices@mesala.com.ph](mailto:membersservices@mesala.com.ph) along with copies of the following:
  - Any one valid government-issued ID;
  - Company-issued ID (if applying for primary membership);
  - Proof of relationship to the primary member (if applying for secondary membership); and
  - Proof of billing (i.e., any utility bill showing permanent address)

I. SIGNATURE CARD (Please affix three (3) specimen signatures on the boxes provided below)

LAST NAME	FIRST NAME	MIDDLE NAME	EXTENSION NAME
1.		Please attach your photo taken within the last six (6) months  Size: 2"x2"/Passport  <div></div>	
2.			
3.			

II. PERSONAL INFORMATION

Gender Male    Female	Date of Birth (MMDDYYYY)	Place of Birth	Citizenship
Marital Status Single    Married    Widowed    Separated		Name of Spouse, if Married (Last Name, First Name, Middle Name)	
Type of Valid ID/s Submitted PhilSys   UMID   TIN   SSS   GSIS   Passport Driver's License   Others, please specify:		ID Number	Expiration Date (MMDDYYYY)

III. CONTACT INFORMATION

Preferred Mailing Address

Present Address

(HOUSE/LOT & BLK NO.)

(FLOOR/UNIT NO. & BLDG. NAME)

(STREET)

(SUBDIVISION)

(BRGY.)

(TOWN/AREA/MUNICIPALITY/CITY/PROVINCE)

(ZIP CODE)

Permanent Address

(HOUSE/LOT & BLK NO.)

(FLOOR/UNIT NO. & BLDG. NAME)

(STREET)

(SUBDIVISION)

(BRGY.)

(TOWN/AREA/MUNICIPALITY/CITY/PROVINCE)

(ZIP CODE)

Preferred Contact Number		Preferred Email Address		Emergency Contact Details	
Mobile		Personal		Name	
Landline		Work		Contact No.	
Work		Other		Relation	

IV. FAMILY GROUP INFORMATION

Do you have relatives within the second degree of consanguinity or affinity who are existing members of MESALA? (i.e., spouse, parents, siblings, children, grandparents, grandchildren, parents-in-law, siblings-in-law, grandparents-in-law and grandchildren-in-law)

IF YES, PLEASE INDICATE NAME/S AND RELATION

NO

LAST NAME	FIRST NAME	MIDDLE NAME	EXT. NAME	RELATION

V. FINANCIAL INFORMATION				
Source/s of Funds <i>(Please select all that applies)</i> Employment      Business      Pension      Family Support			Gross Monthly Income	
Information Applicable to Individuals Earning Income from Employment/Pension:				
Name of Employer				
Employer Address				
Employment Status		Date of Employment <i>(MM/DD/YYYY)</i>	If Retired, Date of Retirement <i>(MM/DD/YYYY)</i>	
Employment Classification Rank & File      Supervisory Managerial      Executive		Employee Number	Designation/Position	
Information Applicable to Individuals Earning Income from Business or Practice of Profession:				
Nature of Business/Profession				
Registered Name of Business				
Business Address				
Start Date of Operation/Practice <i>(MM/DD/YYYY)</i>		Designation/Position		
VI. ENROLMENT TO MEMBERSHIP PROGRAMS				
(1) Indicate desired amount of payroll/pension deduction to be credited to Regular Savings Deposit Account. <i>Note: Minimum of Php100 per month</i>			Php	
(2) Enrolment to the Regular Monthly Transfer from Regular Savings Deposit to Capital Contribution Account. If YES, indicate desired amount. <i>Note: Maximum of Php4,000 per month</i>			YES Php	NO
(3) Enrolment to the Abuloy Program. <i>Note: Php10 donation for every occurrence of death among members enrolled in the Program</i>			YES	NO
(4) Enrolment to the Death Benefit Program. <i>Note: Php100 monthly insurance premium</i>			YES	NO
VII. QUESTIONS ON MEMBER RISK PROFILING PURSUANT TO ANTI-MONEY LAUNDERING ACT				
(1) DO YOU HAVE A BENEFICIAL OWNER? Beneficial owner refers to any natural person who ultimately owns or controls the customer, and/or on whose behalf a transaction or activity is being conducted, or has ultimate control over a legal person or arrangement.				
If YES, PLEASE INDICATE THE FOLLOWING:				NO
NAME/S	SOURCE/S OF FUNDS		RELATION	
(2) ARE YOU INVOLVED IN FOREIGN EXCHANGE OR MONEY CHANGING OPERATION AND/OR REMITTANCE BUSINESS?			YES	NO
(3) ARE YOU A CURRENT OR A FORMER ELECTED OR APPOINTED GOVERNMENT OFFICIAL?		YES		NO
		CURRENT PREVIOUS	APPOINTED ELECTED	
POSITION/S HELD	OFFICE AND ADDRESS		PERIOD COVERED	
(4) DID YOU FILE A CERTIFICATE OF CANDIDACY IN THE RECENT ELECTION?				
IF YES, FOR WHAT ELECTIVE OFFICE?				NO
(5) DO YOU HAVE A CLOSE RELATIONSHIP WITH OR ARE YOU A FAMILY MEMBER OF AN INDIVIDUAL WHO HAS FILED A CERTIFICATE OF CANDIDACY IN THE RECENT ELECTION?				
IF YES, PLEASE INDICATE THE FOLLOWING:				NO
NAME/S	RELATION		FOR WHAT ELECTIVE OFFICE	
(6) DO YOU HAVE A CLOSE RELATIONSHIP WITH OR ARE YOU A FAMILY MEMBER OF AN ELECTED OR APPOINTED GOVERNMENT OFFICIAL?				
IF YES, PLEASE INDICATE THE FOLLOWING:				NO
NAME/S	POSITION/S HELD	OFFICE AND ADDRESS	PERIOD COVERED	

VIII. DATA PRIVACY CONSENT
By signing below, I hereby give consent to MESALA to collect, store, disclose, share, or otherwise process, my personal data as contained in this Form and/or as may be collected by it in the course of my membership or transaction/s with MESALA and that the same may be used or processed by MESALA for purposes of establishing and managing our business relationship, administering my account, improving the quality of my experience and journey as a member, and complying with MESALA’s operational, audit, administrative, credit and risk management (like credit investigation) processes, policies and procedures, the terms and conditions governing its products, services, facilities and channels, and the applicable laws, lawful orders and rules and regulations of its regulators and pertinent government agencies. I agree that these information may be disclosed or shared, including through cross border transfer, if applicable and when necessary, by MESALA to its employees, representatives, vendors, and other business partners, and third parties like auditors, but ONLY to pursue the above purposes and only to the extent necessary and through secure means. Further, I allow MESALA to retain and process my data while my MESALA membership subsists and for ten (10) years thereafter or for as long as necessary to fulfill the purposes for which they are collected. I am aware of my rights as data subject and I hereby acknowledge and understand that should I wish to withdraw my 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 may communicate directly with MESALA’s Data Protection Officer through <a href="mailto:compliance@mesala.com.ph">compliance@mesala.com.ph</a> . I further acknowledge and understand that I may obtain a copy of MESALA’s Data Privacy Statement from MESALA’s Office.

IX. MEMBER UNDERTAKING	
By signing below, I hereby certify and declare, under pain of perjury, that all of the information voluntarily provided in this Form are made in good faith and are true, accurate, and correct to the best of my knowledge and belief. I understood that any misrepresentation, wittingly or unwittingly committed, may merit the imposition of disciplinary action, including my expulsion as member of MESALA, in accordance with the rules and regulations of MESALA. I confirm that I have read, understood, and agreed in full to the terms and conditions for my continued membership with MESALA and have fully understood and agreed to be governed by the provisions thereof, as well as the Articles of Incorporation, By-Laws, and rules and regulations of MESALA, Bangko Sentral ng Pilipinas, Anti-Money Laundering Council, and the Bureau of Internal revenue. I fully recognize the MESALA’s authority to reject, deny, or terminate my membership for a purpose at any given time, without prior notice to me, in order to safeguard the interests of the general membership and of MESALA as an institution. It is my responsibility to promptly inform MESALA of any changes and update my information and I hereby hold MESALA free and harmless from any loss as a result of my failure to update or disclose any of my personal information. I understand that MESALA may demand from me to submit or update any document as part of its documentary requirements. I agree that MESALA may make amendments to the terms and conditions by giving me notice by (i) exhibiting the same at the MESALA Office, (ii) publishing the same at MESALA’s website or any media, or (iii) such other manner MESALA deems fit.	
<div></div> <div>Member’s Signature Over Printed Name</div>	<div></div> <div>Date Signed (MM/DD/YYYY)</div>

X. ENDORSEMENT	
<div>If Applicant for <b>Primary Membership</b>:</div> <div>I hereby certify that the applicant is a regular/probationary employee of good moral character and has no pending administrative case and without notice of resignation.</div> <div>Signature Over Printed Name of Authorized Signatory</div> <div>Designation of Authorized Signatory:</div>	<div>If Applicant for <b>Secondary Membership</b>:</div> <div>I hereby endorse the applicant to be a member of the Association.</div> <div>Signature Over Printed Name of Primary Member</div> <div>Relationship of Applicant to Endorser:</div>

TO BE FILLED OUT BY MESALA PERSONNEL				
<b>Application Type</b> <input type="radio"/> New <input type="radio"/> Readmission	<b>Documents Submitted</b> <input type="radio"/> Valid ID <input type="radio"/> Proof of Billing <input type="radio"/> Proof of Relationship <input type="radio"/> Others, please specify:	<b>Membership Date</b> (MM/DD/YYYY)	<b>Received by</b>	<b>Date Received</b>
<b>Membership Type</b> <input type="radio"/> Primary <input type="radio"/> Secondary		<b>CIF/Membership No.</b>	<b>Encoded by</b>	<b>Date Signed</b>
<b>Member Risk Profile</b> <input type="radio"/> Low <input type="radio"/> Normal <input type="radio"/> High	<b>Status of Submission</b> <input type="radio"/> Complete <input type="radio"/> Incomplete <b>Remarks, if any:</b>	<b>Orientation Conducted by</b>	<b>Reviewed by</b>	<b>Date Signed</b>
		<b>Date Conducted</b> (MM/DD/YYYY)	<b>Approved by</b>	<b>Date Signed</b>