



CNBSLAI

Cavite Naval Base Savings and Loan Association, Inc.

2x2
(Latest ID Picture)

Membership Application Form (HONORARY MEMBER)

INSTRUCTION: Print Legibly. Mark appropriate boxes with " " and write N/A if answer is not applicable.

Date of Application:(mm/dd/yyyy)	SPONSOR'S NAME:	
	RELATIONSHIP:	

PERSONAL INFORMATION

Last Name	First Name	Suffix (Ex. Jr., II & Etc)	Middle Name
Date of Birth (mm/dd/yyyy)	Place of Birth (City/Municipality/Province)	Nationality/Citizenship	Tax Identification No.
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married Name of Spouse _____ <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Complete Present Address (House No./Street,Subdivision, Brgy/District/City/Municipality/Province)		Zipcode	Contact No./s Landline: _____
Complete Permanent Address (House No./Street,Subdivision, Brgy/District/City/Municipality/Province)		Zipcode	Mobile No.: _____ Email Address: _____

EMPLOYMENT INFORMATION

Employment Status	Employer Name :	Employer Address:	Contact Person:	Contact No.:
<input type="checkbox"/> EMPLOYED	Business Name (If any):	Nature of Business:		
<input type="checkbox"/> SELF-EMPLOYED	Business Name :	Business Address:	Nature of Business:	Contact No.:

BENEFICIARIES INFORMATION

Names	Relationship	Birthdate	Birthplace	Citizenship	Contact No.	Address

CERTIFICATION

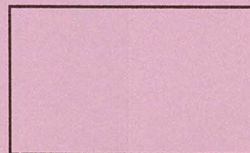
"I hereby certify to the correctness of the above information. I agree to abide by the By-laws, Articles of Incorporation, rules and regulation of the Association upon approval of this application."

"In compliance with R.A. No. 10173 of the "Data Privacy Act of 2012", I freely and voluntarily give my consent to CNBSLAI to collect, use and process my personal data in relation to my membership with this Association."

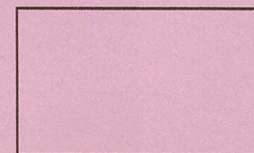
1. _____

2. _____

3. _____



Left Thumbmark



Right Thumbmark

FOR CNBSLAI USE

Review/Verification/ Orientation/Assessment Requirements: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete Type of Customer: <input type="checkbox"/> Low Risk <input type="checkbox"/> Normal Risk <input type="checkbox"/> High Risk CDD: <input type="checkbox"/> Reduced <input type="checkbox"/> Average <input type="checkbox"/> Enhanced	<i>This is to certify that the undersigned has conducted face to face contact with the applicant and orientation of the terms and condition of CNBSLAI in compliance with BSP Circular 993.</i> Signature over printed name _____ Date: _____	Recommended for Approval by: Manager _____ Date _____	Scanned by: Signature over printed name _____ Date _____
		Approved by: Chairman of the Membership Committee _____ Date _____	Filed by: Board Reso No.: _____ Confirmation Date : _____
		Encoded by: Account No.: _____	
		Signature over printed name _____ Date _____	Signature over printed name _____ Date _____

POLITICALLY EXPOSED PERSON (PEP) QUESTIONNAIRE

Kindly write ✓ if "YES" or X if "NO" on the appropriate boxes if YOU or any of your IMMEDIATE Family member hold or held one of the following offices or positions in the Philippines or in a foreign state. This is in compliance with BSP Circular 706 series of 2011 "Updated Anti-Money Laundering Rules and Regulation.

Different Positions or Offices under PEP Category	Name of Person Involved	Position	Inclusive Dates
1. Head of State and Government (President, Vice President)			
2. Government (Cabinet Members, Senators, Congressmen)			
3. Senior National or Local Government Politicians (Governors, Vice Governors, Mayors, Vice-Mayors)			
4. Brgy. Officials			
5. Senior Official of the Military (Chief of Staff, Commanding Generals, FOIC)			
6. Filipino Ambassadors			
7. controlled corporations and other head of a government agencies (SSS, BSP, GSIS, HDMF, PHIC)			
8. Members of the Supreme Court, Court of Appeals, Sandiganbayan			

Verified By: _____

Noted by: _____

Signature over Printed Name of Member

TERMS AND CONDITIONS:

Welcome to CNBSLAI!!!!

As a member of this Association, you have the following rights and duties:

1. Every regular member shall have the right to participate in the deliberation of the general meeting and to vote on all matters brought before such meetings.
2. Every member shall receive dividend out of their capital contribution provided that he/she will not resign within the dividend cut-off dates.
3. Every member shall have the right to be granted loan in accordance with his/her borrowing capacity and the loan policy.
4. A regular member is allowed to accumulate a maximum deposit of P1,500,000.00 and the honorary member P1,000,000.00, *provided that*, a regular member and his/her dependents' maximum total capital contribution shall at no time exceed P6,500,000.00.
5. A regular member and his dependents can accumulate a minimum withdrawable and non-withdrawable capital contribution set forth in paragraph A & B Section IV of the Capital Contribution Policy. A member is also allowed to withdraw partially his/her capital contribution provided that he/she will maintain the minimum amount required by the Association and the Bangko Sentral ng Pilipinas.
6. Every member shall update their membership records every three (3) years and submit it personally to our main office or to our service unit at Bonifacio Naval Station in Taguig City.
7. Items 4, 5, and 6 above are subject to change through Board Resolutions.

Expulsion, Resignation, and Termination:

1. A member who wishes to withdraw his/her entire capital contribution should accomplish a resignation form. No application for resignation shall be allowed if a member still has outstanding obligations with the Association either as maker or co-maker.
2. In case of death of the principal member (provided there is NO outstanding obligation), his/her membership is automatically declared terminated upon submission of a copy of death certificate by his/her immediate family member or his/her surviving officer. If the member has outstanding obligations to the Association, the Insurance will cover the said amount subject to Insurance policy. Further, all honorary members dependent to him/her shall remain as members of the Association.
3. Membership in a non-stock savings and loan association and all rights arising therefrom are personal and non-transferable, unless clearly specified in the articles of incorporation or in the by-laws. (Corporation Code of the Philippines, Sec. 90).
4. Any member who is involved in falsifying documents including misrepresentation in transacting business with the Association which were found guilty of such act shall be expelled by the Membership Committee with the confirmation of the Board of Trustees after all his/her obligations had been paid.

Conforme:

Signature over Printed Name of Member

Date Signed

LIST OF REQUIREMENTS

- | | |
|---|---|
| <ul style="list-style-type: none"> i. Valid Identification Card issued by Government ii. 2x2 Latest Id Picture iii. For Employed - Proof of Employment (COE)
For unemployed - Business Permit/Brgy Certificate as owner of a business iv. Proof of Relationship <ul style="list-style-type: none"> Legal Spouse - Marriage Certificate Parents - Birth Certificate of the member Siblings - Birth Certificate of both member and siblings Children - Birth Certificate Grandchildren - Birth Certificate of both the children and the grandchildren | <ul style="list-style-type: none"> v. Proof of Residency under the name of the applicant if not pls present an authorization letter from the owner of the bill. <ul style="list-style-type: none"> a. Utility Bills under the applicants name.
If not under his/her name an authorization to use the utility bills must be presented and valid ID's of both. b. Credit Card Statement under the applicant's name. c. Barangay Certificate certifying the applicants residency. |
|---|---|

AUTHORITY TO DISCLOSE

The undersigned hereby consent Cavite Naval Base Savings and Loan Association and its representatives to disclose and share my personal information to:

- a) Credit information or in investigation companies, credit bureaus (including but not limited to, the Credit Information Corporation (CIC) pursuant to Republic Act No. 9510 and its implementing rules and regulations), financial institutions, consumer reporting or reference agencies, credit protection providers or guarantee institutions, insurers, underwriters;
- b) any judicial, government, supervisory, regulatory or equivalent body of the Philippines: such person or entity as required by laws or regulations of the country.

The foregoing constitutes my consent under the applicable confidentiality and data privacy laws of the Philippines and other jurisdiction and agree to hold CNBSLAI and its representatives, free and harmless from any and all liabilities, claims, damages and suits of whatever kind and nature, that may arise in connection with the implementation and compliance with the authorization conferred by the undersigned hereunder.

Borrower's signature over printed name

Date Signed : _____



CNBSLAI

Cavite Naval Base Savings and Loan Association, Inc.

CAPITAL CONTRIBUTION INFORMATION SHEET (CCIS)

I, _____, of legal age, married / single / widow / widower/separated, a resident of _____ and a bonafide regular / honorary member of CNBSLAI with account number _____ where I am the holder, hereby agree on the following:

- My personal declaration on fixed capital contribution is P_____.
- In case my current capital contribution exceeds 10 times my fixed capital contribution, the excess will automatically transfer to Accounts Payable and will no longer earn dividend.
- That I am not allowed to withdraw or decrease my fixed capital contribution during the duration of my membership.
- Decreasing my fixed capital contribution means resignation of membership.
- In case of Liquidity stress condition of the Association, I agree that the 10% fixed / non-withdrawable plus additional 20% from the withdrawable portion of my capital contribution can be retained for three months.
- In case of my resignation in normal condition, total Capital Contribution balance plus dividend whenever possible be withdrawn.

Signature over Printed Name
Date: _____
Contact No.: _____

Received by:

Approved by:

Date: _____

Date: _____