



# Bottlers Employees Savings and Loan Association, Inc.

## CAPITAL CONTRIBUTION ACCOUNT (CCA) DECLARATION FORM

I, \_\_\_\_\_, of legal age, married/single/widow/widower, a resident of \_\_\_\_\_, and a bonafide Active member of BESALA with Capital Contribution Account (CCA) No. \_\_\_\_\_, where I am the principal account holder, do hereby agree on the following:

❖ CCA ceiling (CCC) is (check appropriate box)

	Fixed/Non- Withdrawable Capcon	Capital Contribution Buffer (CCB)	Capital Contribution Ceiling (CCC)
<input type="checkbox"/>	2,000.00	20,000.00	22,000.00
<input type="checkbox"/>	5,000.00	50,000.00	55,000.00
<input type="checkbox"/>	10,000.00	100,000.00	110,000.00
<input type="checkbox"/>	20,000.00	200,000.00	220,000.00
<input type="checkbox"/>	30,000.00	300,000.00	330,000.00
<input type="checkbox"/>	40,000.00	400,000.00	440,000.00
<input type="checkbox"/>	45,454.55	454,545.45	500,000.00

I understand that my declared Fixed Non-Withdrawable Capital should not fall below the minimum required balance as approved by the Board.

- ❖ The amounts are subject to the limitations on CCC for Regular and Active Members (maximum of P500,000.00) and on monthly deposit on Capital Contribution Account (maximum of P1,000.00/month);
- ❖ I am only allowed to increase my declared Fixed/Non-Withdrawable Capcon and CCC three (3) months after my last date of declaration or if the current balance of my Total Capital Contribution is at least 80% of the declared CCC;
- ❖ I am only allowed to withdraw against my declared Capital Contribution Buffer (CCB);
- ❖ Decrease in declared Fixed/Non-Withdrawable Capcon, CCB and CCC is not allowed (Pursuant to BSP Circular 1045 series of 2019);
- ❖ I agree to deduct from my salary the sum of P \_\_\_\_\_ monthly/semi-monthly (minimum P400.00/month) as my continuing deposit to my CCA;
- ❖ Any amount in excess of my declared CCC and maximum capital contribution deposit of P1,000.00 per month shall be directly credited to my Savings Account;
- ❖ I authorize BESALA to reduce my Capital Contribution Buffer (only) if the amount declared is affected by loan offsetting and other adjustments:

\_\_\_\_\_  
Signature over Printed name

Date signed: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Received/Encoded by:

Approved by:

\_\_\_\_\_  
Account Analyst

Date: \_\_\_\_\_

\_\_\_\_\_  
Approving Officer

Date: \_\_\_\_\_