



BOTTLERS EMPLOYEES SAVINGS AND LOAN ASSOCIATION, INC.

7TH Floor, ACE Building, Dela Rosa corner Rada Street, Legaspi Village, Makati City

Tel. Nos. 8892-4146; 8841-0579; Telefax 8892-4146;

CP# 0917-586-3866, 0968-854-3779 email: info@besala.com.ph

New Member

Re-activate

Update

MEMBERSHIP FORM

Instruction: Accomplish with accurate and latest information. Do not leave any fields blank. Indicate N/A if not applicable and any erasure should be countersigned

Complete Name

Last Name

First Name

Middle Name

Suffix

Birthdate

Employee No.

Birthplace

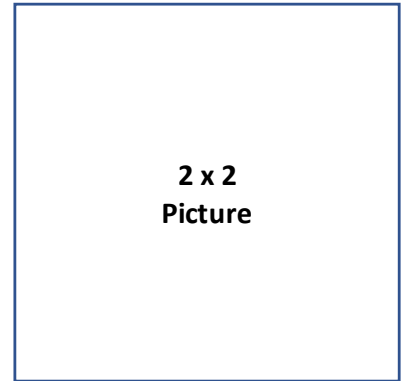
SSS No.

Civil Status

TIN

Gender

Nationality



Name of Father

Name of Mother

Name of Spouse

Permanent Address

House/Unit/Bldg/Lot/Block

Street/Village/Subdivision

Brgy

City/Province

Country

Zip code

Present Address

House/Unit/Bldg/Lot/Block

Street/Village/Subdivision

Brgy

City/Province

Country

Zip code

Mobile Number

Landline Number

Office Number and Local

Company Email Address

Personal Email Address

Coca-cola Plant/Sales Office Address

Designation/Position

Pay Type (RF or MMP)

Employment Date

Permanency Date

Source of Funds

Monthly Salary/Income

Nature of Business (if any)

Business Name

Business Address

House/Unit/Bldg/Lot/Block

Street/Village/Subdivision

Brgy

City/Province

Country

Zip code

BDO Account Number

BPI Account Number

Beneficiaries

Name _____	Relationship _____	Birthdate _____	Contact Number _____
Name _____	Relationship _____	Birthdate _____	Contact Number _____
Name _____	Relationship _____	Birthdate _____	Contact Number _____
Name _____	Relationship _____	Birthdate _____	Contact Number _____

Contact person in case of Emergency

Name _____	Relationship _____	Birthdate _____	Contact Number _____
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Address

House/Unit/Bldg/Lot/Block	Street/Village/Subdivision	Brgy	City/Province	Country	Zip code
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SPECIMEN SIGNATURE

This is to certify that the following signatures shall be used in all my transactions with BESALA. (Please sign each box)

1 _____ _____	2 _____ _____	3 _____ _____
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Politically Expose Person (PEP) Questionnaire

	Yes	No
1. Are you or any of a member of your immediate family holding a position in any Government Agency?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you or any member of your immediate family an official or had been an official of national or local government?	<input type="checkbox"/>	<input type="checkbox"/>
Please give details of all questions answered with <u>YES</u> (please indicate the names and your relationship with them) _____ _____		

Declaration

I hereby agree to be governed by the Association's rules and regulations in connection with my membership. All information shall be used by the Association for legitimate purposes specifically for membership and shall be processed by authorized personnel in accordance with the Data Privacy Policies of the Association. I hereby allow/authorize Bottlers Employees Savings and Loan Association Inc. to use, collect, process, use, store, share or disclosed my personal information or sensitive personal information for legitimate purposes or to provide services to me or implement transactions which I may request, allow or authorize.

By signing, I hereby certify that the information given in this application and updates (if any) is true and correct to the best of my knowledge and I confirm that the rights, privileges and benefits of a BESALA member were all clearly explained to me by the Account Analyst and the terms and conditions as a member are fully understood.

(Signature over Printed Name)

Date

<input type="radio"/> With Face-to-Face contact with Site HR <input type="radio"/> With Certificate of Employment	Verified by: _____	Approved by: _____
	BESALA Account Analyst	BESALA Approving Officer

Certificate No. _____	Board Resolution No. _____
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OR Number Initial Deposit _____	Date of Board Resolution _____
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Membership Date _____	Membership No. _____
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