

## CERTIFICATE OF ENDORSEMENT FOR PSSLAI MEMBERSHIP

	I,, presently re	siding at
	, and a bona fide Regular Member of the F	Public Safety
Savings a	nd Loan Association, Inc. (PSSLAI), hereby endorse the membership in PSSLAI of the p	erson below
who is	my (relationship to the associate member	r-applicant).
	Name:	
	Birthdate:	
	Age:	
terminates	<ul> <li>(Please check only if applicable) I declare that the above-named child has current to present and submit. I am aware that pursuant to the policies of the PSSLAI and r of the Bangko Sentral ng Pilipinas, an eligible relative applying for associate me PSSLAI shall present a valid ID and submit a photocopy of such. Therefore, I assure responsibility for the submission of my child's ID as soon as it becomes available a of his/her record.</li> <li>I understand that being an Associate Member, his/her membership is continger thip in PSSLAI. In the event that I voluntarily terminate my membership, or the Association as my membership for a purpose in accordance with the Association's By-Laws and application applied that his/her membership shall likewise be terminated without the need of consent from Signed this day of</li> </ul>	equirements embership in and take full and updating at upon my involuntarily able policies,
	Signature Over Print	
	(Regular Meml	oer)
Acknowle	added by	
ACKITOWIE	eaged by.	
•	ure Over Printed Name sociate Member)	
*For <b>ITF a</b>	ccounts, the Trustor, if other than the Regular Member, shall sign on behalf of the beneficiary.	
	BED AND SWORN to before me, a Notary Public for Quezon City, thist/s exhibiting to me his/her/their competent evidence of identity/ies.	,
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