PSSLAI
PUBLIC SAFETY SAVINGS AND LOAN ASSOCIATION, INC.
SINCE 2003

MEMBER UPDATE/REQUEST FORM

Date Accomplished ✓ ____/____/____ Branch/Office ✓ _____ Member Number ✓ _____
dd mm yyyy

Member Name ✓ _____ ☐ Regular ☐ Associate

CHANGES IN MEMBER INFORMATION

TYPE OF CHANGE *(Check the applicable box.)* ***Alterations must be countersigned*** *by the member.*

- ☐ Name _____
- ☐ Address _____
- ☐ Cellphone Number _____ ☐ Landline _____
- ☐ Email Address _____ ☐ Civil Status _____
- ☐ Nature of Work _____ ☐ Nature of Business _____
- ☐ Name of Employer _____ ☐ Sources of Funds _____
- ☐ TIN _____ ☐ SSS _____ ☐ GSIS _____
- ☐ Membership Type from Associate Member to Regular Member
- ☐ Others _____
- ☐ Specimen Signature (Please sign within the three (3) boxes. No need to sign if there is no change in signature.)

- ☐ No change in member's personal information

MEMBER REQUEST NOTE: Please **check (✓) the applicable request box**. Any **alterations must be countersigned** by the member.	**FEES / CHARGES**
☐ Issuance of Bank Certification / Bank Statement Purpose _____ Addressee _____ Bank Certification Request for: ☐ All my/our Accounts ☐ Only this/these Account Number(s) _____ _____ Please release the Bank Certificate to my authorized representative whose signature appears below Signature over printed name of Representative	
☐ Replacement of Lost Passbook ☐ CC ☐ PSA ☐ CASA ☐ OTHERS _____	
☐ Replacement of Lost ID	
☐ ID Renewal/Damaged ID	
☐ Reactivation / Update / Change of Mobile Number in the iTrack Facility to _____ By reactivating/updating/changing my mobile number enrolled in the iTrack facility, I hereby agree and consent to be bound by the same declaration and undertaking I signed when I registered for the iTrack, and pledge to abide by the policies, rules, regulations of PSSLAI pertaining to the iTrack.	
☐ Affidavit of Loss (Form available)	
☐ Notary	
☐ Others _____ _____	
TOTAL Fees & Charges	

AGREEMENT

I hereby certify that I voluntarily disclosed the above information pertaining to my person and hereby authorize PSSLAI, its officers, employees or representatives to collect/ provide information from/ to my Branch of Service or Employers and use the same information, personal or sensitive as defined under RA 10173, in connection with my membership, loan application/loan availment, capital contribution and deposit placements, loan collections, loyalty rewards program, and for all other legitimate purposes relative to the foregoing. I confirm that I had authorized my Branch of Service or Employers to provide all necessary information to PSSLAI relative to the above mentioned. Also, I consent to the disclosure/ sharing of my information to accredited/affiliated third parties solely for the aforestated purposes.

I hereby confirm that by providing personal data, I agree to be bound by the PSSLAI Privacy Terms and Conditions and Notice found in www.psslai.com.

I further authorize PSSLAI to update my registered mobile number in iTrack using my updated cell phone number as indicated above, and I agree to be bound by the same terms and conditions set forth in the Sworn Declarations and Undertaking Relating to Enrollment in the PSSLAI iTrack I have previously signed.

Finally, I authorize PSSLAI to process any instruction hereby written. Mode of Payment for any fee/s or charge/s connected to my request shall be in the form of: ☐ Cash ☐ Debit from Account No.: _____

✓

Signature over printed name of Member

DO NOT WRITE BEYOND THIS LINE - to be filled out by PSSLAI personnel

Processed by:	Date: