

MEMBERSHIP APPLICATION AND ACCOUNT OPENING FORM

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Mother's Neighbor Name Rechange Supress if Self-Employed Source of Employer Business if Self-Employed Doyou have a relative who is currently a PSSLAI member? if yes, Moment Authors Officer, Business Address Date broads are supplying the self-employed business in the family of the self-employer Business in Self-Employed Doyou have a relative who is currently a PSSLAI member? if yes, Moment Authors Name INAME BIRTH DATE RELATIONSHIP CONTACT NO. Name of Co-Depositor/TrustorOs Name of Co-Deposi	Permanent Address									TINI		DI '10 N	
Source of Employee Surrows Source of Empl	Buildina Unit/House	No Stree	et Ba	arangav/Village	Municipality	, City	Provinc	ne ne	7IP Code	IIIN		PhilSys No.	
Nome of Employer/Business & Self-Employed Do you have a relative who is currently a PSSLAI member? If yes, force and the properties of			00 20	arangay/ vinage	Training and	City	11001110	-	211 0000	Sources of Funds	(Salary, Per	nsion, Business, Ir	heritance, Others)
Do you have a relative who is currently a PSSLAI member? if yes, Member Number. Section 1990 And 1990	Sumar	me		First Name		Middle Nam	е			Nature of Work/B	usiness	Work/Business C	Contact No.
Office/Statiness Actives Name Subject Stating St	Name of Employer/Bu	usiness if Se	elf-Emplo	oyed						·			
Name of Co-Depositor/Trustor Service Signature The Signature of Trustor Signature of Trustor Signature The Signature of Trustor Signature of Trustor Signature of Trustor Signature The Signature of Trustor Signature of Trusto	Office /Dusiness Autolog											currently a PSSL	Al member? If yes,
Name of Co-Depositor/Trustor Please honor the following signature's in the payment of funds or transaction of other business on my/our account subject to the instructions given: Ann Yo Nie	Office/Business Addre	255											
Norme of Co-Dupositor/Truster Service Servi	Building Unit/House	No. Stree	et Ba	arangay/Village	Municipality				ZIP Code	Relationship to Mer	mber:		
Name of Co-Depositor/Trustor array Pesse honor the following signature/s in the payment of funds or transaction of other business on my/our account subject to the instructions given: () ANY ONE () ANY ONE () ANY TWO (Co-Depositor/Trustor Signature (Co-Depositor/Trustor Signature		NA	ME			Е	BIRTH DA	ATE		RELATIONS	SHIP	CON	NTACT NO.
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Name of Co-Depositor/Trustor array Pesse honor the following signature/s in the payment of funds or transaction of other business on my/our account subject to the instructions given: () ANY ONE () ANY ONE () ANY TWO (Co-Depositor/Trustor Signature (Co-Depositor/Trustor Signature												<u> </u>	
Name of Co-Depositor/Trustor array Pesse honor the following signature/s in the payment of funds or transaction of other business on my/our account subject to the instructions given: () ANY ONE () ANY ONE () ANY TWO (Co-Depositor/Trustor Signature (Co-Depositor/Trustor Signature												+	
Name of Co-Depositor/Trustor array Pesse honor the following signature/s in the payment of funds or transaction of other business on my/our account subject to the instructions given: () ANY ONE () ANY ONE () ANY TWO (Co-Depositor/Trustor Signature (Co-Depositor/Trustor Signature												+	
Please honor the following signature/s in the payment of funds or transaction of other business on my/our account subject to the instructions given: (A)ANY ONE (A)ANY TWO (A)A		/ -				CO-DEP				· / -			
Please honor the following signeture/s in the payment of funds or transaction of other business on my/our account subject to the instructions given: ANN YOR	Name of Co-Deposito	r/Trustor					l ^N	ame of (Co-De	positor/Trustor			
1. 2 3 3 1. 2 3 5 1. Whe hereby agree to be governed by the regulations of PSSLA to this Account and its policy that a member can maintain one primary CC/PSA/CASA account and can be co-depositors to the other accounts within the family group. Forday hence the signature of the person's above and winces signatures appear thereon as a CO-DEPOSITOR, the above-named person's shall have the right and the authority to make official transactions concerning said account, including, but not limited the the making of deposits, withdrawsis or transact learns from the sense, unless a written and notarized intruction to the contrary is issued by me or by the accided positions as unforced by a condition of competent authority. Pursuant and considered intruction to the contrary is to the purposes in compliance with BSP Circular No 1026 (S-2018), and such other declaration shall be considered binding upon all co-depositors as if signed and executed by all of us. Signature of Primary Member Signature of Co-Depositor/Trustor SURVIVOR:SHIP AGREEMENT Upon death of any of the co-depositor/s the whole amount of the funds shall belong to the surviving co-depositor/s and may forthwith be withdrawn by the latter, within the limits prescribed by law. If reely execute this agreement thisday of	Please honor the follo (), Member	owing signa ANY ONE r Signature	ature/s ir		nt of funds ((Co-Depos	of other) ANY sitor/Trus	business TWO tor Signa	ature	y/our account subje	ect to the ir C	nstructions given: () A o-Depositor/Trus	LL stor Signature
1. 2	i				۷.						J		
We hereby agree to be governed by the regulations of PSSLAI to this Account and its policy that a member can maintain one primary CC/PSA/CASA account and can be co-depositors to the other accounts within the family group. Kindly from the signature of the person's above and whose signatures appear thereon as a CO-DEPOSITOR. As a CO-DEPOSITOR, the abovenamed person's shall have the right and the authority to make official transactions concerning add account, including, but not limited to the making of deposits, withdraws for transact loans from the same, unless a written and notarized instruction to the contrary is issued by me or by the said CO-DEPOSITOR for unless authorized by a court of competent authority. Pursuant to the afforcast duthority, any of the abovenament occupations of the abovenament of the abovenament of the submitted to sign or my the leaff the Declaration of Steres/Ownship for loan purposes in completing with 55P Circular No. 1026 G-2016, and such other declaration shall be considered binding upon all co-depositors in single and executed by all of us. Signature of Primary Member	1				2.						3		
to the other accounts within the family group. Kindly honor the signature of the person's above and whose signatures appear thereon as a CO-DEPOSITOR. As a CO-DEPOSITOR, the above-named persony's shill have the right and the authority to make official transactions concerning asid account, including but not timited to the making of deposits, within devise of the result of the contrary is sound by the said CO-DEPOSITOR or unless authorized by a court of competent authority. Pursuant to the contrary is sound by the said CO-DEPOSITOR or unless authorized by a court of competent authority. Pursuant to the contrary is sound by the said co-DEPOSITOR or unless authorized by a court of competent authority. Pursuant to the contrary is supported by the said co-DEPOSITOR or unless authorized by a court of competent authority. Pursuant to the same unless a written and not accomplished the support of the surviving co-depositors as if signed and executed by all of us. Signature of Primary Member Signature of Co-Depositor/Trustor Signature of Co-Depositor/Trustor Signature of Co-Depositor/Trustor Signature of Co-Depositor/Trustor Signature of Primary Member Signature of Co-Depositor/Trustor Signature of Co-Depositor/Trustor Signature of Primary Member Signature of Co-Depositor/Trustor Signature	1				2.						3		
If reely execute this agreement this	to the other accounts: above-named person/s loans from the same, ur to the aforesaid authori Circular No. 1026 (S-20)	within the fa shall have the less a writtee ty, any of the 18), and such dignature of F	amily grou ne right an n and nota e above-na n other dec Primary Ma	p. Kindly hon d the authorit arrized instruct amed co-dep claration shall ember	or the signat y to make off ion to the cor ositor/s is liked be considered	ure of the person cial transactions with any contract of the c	on/s aboves concerning me or by to sign or all co-deports. of Co-Deports.	re and whong said action yethe said action my behabositors as positor/Truescape (GREEME	nose sig ecount, I CO-DE alf the E if signe ustor	gnatures appear there, including, but not limit EPOSITOR or unless au Declaration of Shares/(d and executed by all declaration)	on as a CO- ed to the ma thorized by Dwnership for of us.	-DEPOSITOR. As a aking of deposits, w a court of compete or loan purposes in Co-Depositor/Trust	CO-DEPOSITOR, the vithdrawals or transact ent authority. Pursuant compliance with BSP
Signature of Primary Member Signature of Co-Depositor/Trustor AGREMENT 1. I hereby apply for membership in PSSLAI if this application is approved, lagree and pledge to abide by the Articles of Incorporation, By-Laws, Rules & Regulations and Policies & Procedures of the Association and the Bangko Sentral ng Pilipinas. 2. I understand and agree that I shall have and maintain only one membership account under my name in PSSLAI in the event that the Association finds that I have other existing membership, I authorize PSSLAI to immediately terminate said double membership and close all accounts under such membership in accordance with the Association's policies. 3. Ifully recognize the PSSLAI suthority to reject, deny or terminate my membership for a purpose at any given point in time, without prior notice to me in order to safeguard the interest of the General Membership. 4. It is my responsibility to promptly inform PSSLAI of any changes and update my personal information and I hereby hold PSSLAI free and harmless from any loss as a result of my failure to update or disclose any of my personal information. 5. I understand that the PSSLAI may demand from me to submit or update any document as part of its documentary requirements. 6. I declare under the penalties of perjury that the information I provided covering this application has been made in good faith, and to the best of my knowledge and belief, is true and correct based on authentic records. 7. I hereby acknowledge that a membership card shall be issued to me by the PSSLAI upon approval of my membership particular. The membership card is a requirement for all originations and liabilities incurred using the PSSLAI membership card is a requirement for all originations and liabilities incurred using the PSSLAI or terminate fruits of the TERMS AND CONDITIONS governing the issuance of the PSSLAI here fruits from my Capital Contribution Account to my Cash Advance Storage Account (CASA) if already existing, or to open said account on my behalf, for the aforessai		ne co-deposi	itor/s the v	vnole amount	of the funds	snall belong to t	the survivi	ng co-de _l	positor,	s and may forthwith b	e withdrawı	n by the latter, withi	n the limits prescribed
AGREMENT 1. I hereby apply for membership in PSSLAI. If this application is approved, I agree and pledge to abide by the Articles of Incorporation, By-Laws, Rules & Regulations and Policies & Procedures of the Association and the Bangko Sentral ng Pilipinas. 2. I understand and agree that I shall have and maintain only one membership account under my name in PSSLAI. In the event that the Association finds that I have other existing membership, I authorize PSSLAI to immediately terminate said double membership and close all accounts under such membership in accordance with the Association finds that I have other existing membership, I authorize PSSLAI is understand that the PSSLAI southority to reject, deny or terminate my membership for a purpose at any given point in time, without prior notice to me in order to safeguard the interest of the General Membership. 4. It is my responsibility to promptly inform PSSLAI of any changes and update my personal information and I hereby hold PSSLAI free and harmless from any loss as a result of my failure to update or disclose any of my personal information. 5. I understand that the PSSLAI may demand from me to submit or update any document as part of its documentary requirements. 6. I declare under the penalties of perjury that the information I provided covering this application has been made in good faith, and to the best of my knowledge and belief, is true and correct based on authentic records. 7. I hereby acknowledge that a membership card shall be issued to me by the PSSLAI upon approval of my membership application. The membership card is a requirement for all transactions of the Association and I hereby bind myself liable for all obligations and liabilities incurred using the PSSLAI membership acrd. Furthermore, I agree with the TERMS AND CONDITIONS governing the issuance of the PSSLAI Membership Card. 8. I hereby authorize PSSLAI to transfer funds from my Capital Contribution a Account to my Cash Advance Storage Account (CASA) if already existing, or to op	I freely execute this agre	eement this _	day	of	year								
1. I hereby apply for membership in PSSLAI. If this application is approved, I agree and pledge to abide by the Articles of Incorporation, By-Laws, Rules & Regulations and Policies & Procedures of the Association and the Bangko Sentral ng Plipinas. 2. I understand and agree that I shall have and maintain only one membership account under my name in PSSLAI. In the event that the Association finds that I have other existing membership, I authorize PSSLAI to immediately terminate said double membership and close all accounts under such membership in accordance with the Association's policies. 3. Ifully recognize the PSSLAI such that I have other existing membership for a purpose at any given point in time, without prior notice to me in order to safeguard the interest of the General Membership. 4. It is my responsibility to promptly inform PSSLAI of any changes and update my personal information and I hereby hold PSSLAI free and harmless from any loss as a result of my failure to update or disclose any of my personal information. 5. I understand that the PSSLAI may be demand from the to submit or update any document as part of its documentary requirements. 6. I declare under the penalties of perjury that the information I provided covering this application has been made in good faith, and to the best of my knowledge and belief, is true and correct based on authentic records. 7. I hereby acknowledge that a membership card shall be issued to me by the PSSLAI upon approval of my membership application. The membership card is a requirement for all transactions of the Association and I hereby bind myself liable for all obligations and liabilities incurred using the PSSLAI membership card. 8. I hereby authorize PSSLAI to transfer funds from my Capital Contribution Account to my Cash Advance Storage Account (CASA) if already existing, or to open said account on my behalf, for the aforesaid purpose, in the event that leveced the maximum deposit ceiling based on the quarterly and total maximum placement limits of Cap		ignature of F	Primary Me	ember					ustor	- 9	Signature of	Co-Depositor/Trust	or
MEMBER/TRUSTOR DO NOT WRITE BELOW THIS LINE (For PSSLAI use only)	of the Association at 2. I understand and ag I authorize PSSLAI to 3. I fully recognize the the General Member 4. It is my responsibility update or disclose a 5. I understand that the 6. I declaire under the based on authentic of the Association a governing the issuar 8. I hereby authorize P for the aforesaid pur said authorization to 9. In the event of cleath the PSSLAI rules, rec 10. I hereby confirm that from/to my Branch of contribution and de	nd the Banglere that I sha to immediate PSSLAI's aut rship. y to promptly ny of my pei e PSSLAI ma enalties of precords. ge that a men nd I hereby noce of the PS SSLAI to trai pose, in the open CASA n, whatever gulations, and I voluntarily of f Service or E posit placem	ko Sentral III have and III have a so and II have a so and III have a so	ng Pilipinas. d maintain on I maintain on I stee said double jeet, deny or SSLAI of any rmation. If from me to set the informat card shall be is elf liable for all nobership Card in the card shall be set the informat at may have a le laws. e above informand use the set y rewards proy	y one membership terminate my changes and submit or upcion I provided sued to me be a obligations a light of the prital Contribut maximum dejuditing my loai accrued to memation pertairs me informating gram, and for a member of the prital control of the prital cont	d, I agree and please and please and close all a pand close all a pand close all a pand close all a pand covering this apand liabilities incution Account to cosit ceiling bas a proceeds, divide as a member son, personal or sall other legitimate.	ledge to all under my riccounts uitor a purpo sonal informent as partipplication on appropriation of my Cash all ded on the dend, and shall be releasensitive aute purpose	bide by the mame in Pinder such sose at any mation are to fits doe has been aval of my go the PS: Advance quarterly diadvance eased or eby authors sidefined	SSLAI. In membrand I her cument made i membrand to storage and to so or for be made I under I worker I was or for be made I under I worker	In the event that the Aspership in accordance operation in time, without preby hold PSSLAI free stary requirements. In good faith, and to the ership application. The nembership card. Further Account (CASA) if a tal maximum placemers any purpose as authous available to my legal SSLAI, its officers, emplored. No. 10173, in connections of the property of the same purpose as authous account the same purpose as a same purpose a	ssociation fir with the Association notice to and harmles e best of my membershi hermore, I ac lready existin the libeneficiarie oyees or rep ection with r	nds that I have other ociation's policies. To me in order to satisfies from any loss as a knowledge and be proved to the province of the provi	r existing membership, feguard the interest of a result of my failure to elief, is true and correct sent for all transactions IS AND CONDITIONS account on my behalf, as set by PSSLAI. The y. with and pursuant to ext/provide information an application, capital
Presented IDs: Risk Ranking: Remarks: Encoded and Authenticated by: Place Code: Date Encoded:	Presented IDs:	Rist	k Ranking:	Remarks		1	LINE (For	ISTOR PSSLAI us e	e only)			Date Er	ncoded:

PSSLAI VISA CARD, iTrack, AND OTHER ELECTRONIC SERVICES												
1. Would you like to enroll your mobile number to PSSLAI's iTrack facility? It's FREE! The DSSLAI facility is an SMS based on its that allow members to track their accounts and transfer family is a mabile phase our without internet connection.												
The PSSLAI Track facility is an SMS based service that allows members to track their accounts and transfer funds via a mobile phone even without internet connection. Yes, please enroll this mobile number:												
2. Would you like to avail of a PSSLAI VISA card? Yes No												
The PSSLAI VISA card, a co-branding project with UnionBank's EON, enables members to have a secured access to their loan proceeds and transfer funds from their accounts. A. Kindly chock your professored card: Generic Description												
A. Kindly check your preferred card: Generic Personalized A member is entitled to one (1) card only whose variant will be based on the level of total deposit of the member in the Association during the time of application. For joint accounts, only the principal accountholder is eligible to avail the PSSLAI VISA Card.												
B. Name on Card (Must not exceed 23 characters, including spaces):												
C. Please debit the card fee (P150) from my: CapCon PSA CASA Others D. Please deliver my PSSLAI VISA card to: Head Office Camp Crame Branch Satellite Office:												
SWORN DECLARATION AND UNDERTAKING RELATING TO APPLICATION AND ENROLLMENT IN THE PSSLAI VISA CARD,												
iTrack, AND OTHER ELECTRONIC SERVICES I, Filipino, of legal age, single/married, and a bonafide member of the Public Safety Savings and Loan Association, Inc. (PSSLAI), under oath, hereby declare that:												
I possess the legal capacity to execute the instrument and I am not suffering from any incapacity under the law; I have enrolled in the PSSLAI i Track and other electronic services (eServices) facility through registration of my 10-digit SIM (Subscriber Identity Module) number, membership number,	and/or											
email address which may serve as my user identification under the iTrack and other eServices such as but not limited to the PSSLAI Bilis Online, PSSLAI Bilis Mobile app, and Kiosk; 3. I understand and agree that I may avail of the PSSLAI VISA card, iTrack, and other eServices for as long as it is offered by the PSSLAI and provided that I continue to be qualified ur terms and conditions:	•											
4. I understand and agree that any violation or breach of the terms and conditions as well as my undertakings herein set forth may result in the immediate temporary or permanent susp cancellation or revocation by the PSSLAI of my use, access and/or availment of the PSSLAI VISA card, iTrack and other eServices;												
5. I confirm that I have been apprised of and have fully been informed of the terms, mechanics and workings of the PSSLAI VISA card, iTrack, and other eServices, as well as the benefits and risks of enrolling in, availing of and/or using the same, including the applicable charges corresponding to each service, prior to the application and enrollment in the PSSLAI VISA card, iTrack, and other eServices and executing this Sworn Undertaking in relation to the same;												
6. I understand and agree that all transactions, data and information relating to my account, deposit and/or investments which are facilitated, transmitted, coursed through, conveyed and/or recorded through the PSSLAI VISA card, iTrack, and other eServices as well as the PSSLAI VISA card Personal Identification Number (ATM PIN), which I nominated through the PSSLAI Bilis Online or PSSLAI Bilis Mobile app, iTrack Mobile Personal Identification Number (MPIN) provided by me for accessing iTrack, and the Membership Card with Personal Identification Number (PIN) provided to me for accessing the Kiosk (hereafter collectively referred to as the "Information"), are highly confidential in nature and that it is my sole responsibility to ensure the confidentiality and security of the information. I, therefore, undertake to observe extraordinary diligence in protecting/securing the information from third parties, including the Government												
and its offices, agencies or instrumentalities as well as the courts of law and officials, employees and agents of the latter; 7. I understand that any information personal or sensitive as defined by R.A. No. 10173 shall be collected, used and processed by PSSLAI to pursue its legitimate interest as a savings are association. I also authorize the Association to disclose my information to accredited/affiliated third parties for purposes of enforcing and/or implementing the provisions of any agree that I may have executed with it, including but not limited to Promissory Notes, Deeds of Undertaking and Special Power of Attorney (SPA). I hereby confirm that by providing person	nd loan eement											
I agree to be bound by the PSSLAI Privacy Notice found in www.psslai.com ; 8. I likewise understand that the information is covered by the Bank Secrecy Laws of the Philippines, Section 6 of Republic At No. 8367 (<i>The Revised Non-Stock Savings and Loan Assoc Act of 1997</i>) and Section 4652s (Confidential Information) of the Regulations Governing Non-Stock and Savings and Loan Associations under the Manual of Regulations For No Financial Institutions (MORNBFI) issued by the Bangko Sentral ng Pilipinas (BSP). Therefore, I expressly undertake not to disclose or divulge the information or any portion thereof	ciations n-Bank to third											
parties including the Government and its offices, agencies or instrumentalities, as well as any court of law and officials, employees and agents of the latter without coordinating we PSSLAI and securing its written consent to such disclosure; 9. I hereby authorize PSSLAI to facilitate all transactional requests, inquiries and responses communicated using my enrolled/registered 10-digit SIM number and/or email address in all If												
eServices such as but not limited to the PSSLAI Bilis Online, PSSLAI Bilis Mobile App, and Kiosk; 10. I authorize PSSLAI to recognize and honor my nominated usernames and passwords that may be required by all PSSLAI eServices and hereby accept full responsibility for all transexecuted using my nominated username and passwords;	actions											
11. I authorize PSSLAI to use my electronic/digital signature as communicated to and from my enrolled 10-digit SIM number and/or email address in the event that such is required by P 12. I hereby accept full responsibility and accountability for all instructions under the iTrack and eServices that come from and/or are executed via my 10-digit SIM number. I understand the PSSLAI shall consider as lawful, valid and binding upon myself and the Association any instructions made and coming from my 10-digit number corresponding to the SIM card regunder my account in iTrack and eServices and that my liability shall not be affected, diminished, or obliterated by the fact that the account be accessed without my consent or know. The PSSLAI shall not be obliged to investigate the authenticity of the instructions bearing my said 10-digit SIM number. I understand and agree, however, that the PSSLAI may, if it	:hat the gistered wledge.											
necessary, verify any such instructions with me via telephone or any other means of communication; 13. I have provided herein an email account that I maintain and use myself, and for which I am fully responsible and accountable. Thus, the Association shall honor any request communications.												
through the email account indicated in this enrollment form or in my membership profile; 14. I expressly undertake to hold the PSSLAI or any of its officers, employees, agents or assignees free and harmless from any liability, charges or obligation arising from my enrolr availment of and use of the PSSLAI VISA card, iTrack, and eServices as well as from any unauthorized action or transaction coming from the 10-digit SIM number and email address regunder my account in the PSSLAI VISA card, iTrack, and eServices. I likewise expressly undertake to hold the PSSLAI or any of its officers, employees, agents or assignees free and ha from any liability, charges or obligation arising from the use of information under the PSSLAI VISA card, iTrack, and eServices as well as the disclosure upon intentional or unintentional	gistered armless											
of the information or any portion thereof to third parties; 15. In connection with my enrolment in and availment of the PSSLAI VISA card, iTrack, and eServices, I hereby authorize the PSSLAI or any of its officers, employees, agents, and/or ass the right to inspect or audit the enrollee for the purpose of validating strict compliance with the obligations herein whenever such are relevant, for verification, records reconciliation and purposes or whenever such is necessary to improve the services under the PSSLAI VISA card, iTrack, and eServices or to troubleshoot and/or correct or attend to any error, malfund	nd audit ction or											
complaint by me relating to my availment and use of the PSSLAI VISA card, iTrack, and eServices (hereafter, the "Examination"). For the said purpose, I expressly undertake to hold the PSSLAI or any of its officers, employees, agents, and/or assignees free and harmless from any liability, charges or obligation for official actions in connection with the "Examination"; 16. I understand and agree that the PSSLAI may cancel and/or refuse to execute any of my instructions via the PSSLAI card, iTrack, and eServices at any time, without prior notice, without the PSSLAI incurring any liability, if such instructions are, as evaluated by the PSSLAI, against the law or regulations, or detrimental to the Association;												
 I understand that PSSLAI may require the submission or update any document necessary as part of its documentation requirements in relation to this application; In the event of change in enrolled iTrack number, email address or other secured identification numbers and processes to be implemented in the future, said request shall be supported by either of the following: A written request from the member if change request shall be made over the counter; or 												
- A request concurrence if change is made through the Kiosk using the membership ID and other secured applications using biometrics; 19. It is my responsibility to inform PSSLAI with regard to changes or updates in my personal information. I hereby hold PSSLAI free & harmless from any loss, pecuniary or otherwise, as of my failure to update or disclose any of my personal information;												
20.In the event of a lost SIM, I agree and understand that I should notify PSSLAI through its Member Care Hotline at 0998-9622081, 0917-8567443, and 0925-5457493 or membercare@psslai.com and for lost PSSLAI VISA card email my concern to visamarketing@psslai.com. Upon PSSLAI's receipt of report, I understand that I will be temporarily disconnected from the PSSLAI VISA card, iTrack, and eServices;												
21. I expressly undertake to make use of the PSSLAI VISA card, iTrack, and eServices solely for lawful purposes and transactions; 22. I understand and agree that there will be charges per text/transaction to be debited from any of my PSSLAI Account pertaining to my application and any change that I may request; 23. I also understand that I will be charged the necessary fees for reactivation/change of iTrack Number, Email address, replacement of lost PSSLAI VISA card, and other details done via eServices, via personal request, or any other future processes to be implemented by the Association; and 24. I declare under the penalties of perjury that all information I made covering this application has been made in good faith and to the best of my knowledge and belief, is true and correct based on authentic records.												
I declare that I have read this document and have fully understood its contents after the same has been explained to me in the vernacular. I further declare that I have voluntary willingly executed this sworn document with full knowledge of my rights under the law.	rily and											
IN WITNESS WHEREOF, I have hereunto affixed my signature this day of 20 at, Philippines.												
Signature over Printed Name of Member												
ACKNOWLEDGEMENT												
BEFORE ME, a Notary Public for, thisday of, 20, personally appeared the foregoing with their current identification documents iss an official agency/Philippine government office bearing their photographs and signatures as indicated below the names shown above as competent proofs of their identities, both known to be the same persons who executed the foregoing Agreement and they acknowledged to me that the same is their free and voluntary act and deed.	ued by 1 to me											
IN WITNESS WHEREOF, I set my hand and seal on the date and place above-written. Notary Public												
Doc No Page No.												
Page No Book No Series of 20												