

**SAVINGS AND LOAN ASSOCIATION OF GOVERNMENT AUDITORS, INC.**

SLAGA Office, Commission on Audit Compound, Commonwealth Avenue, Quezon City

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**APPLICATION FOR MEMBERSHIP****Date:****Name:** \_\_\_\_\_  
(Last) (First) (Middle)**Present Address:** \_\_\_\_\_**Permanent Address:** \_\_\_\_\_**Place of Birth:** \_\_\_\_\_ **Date of Birth (mm/dd/yyyy):** \_\_\_\_\_ **Civil Status:** \_\_\_\_\_ **Gender:** \_\_\_\_\_**Nationality:** \_\_\_\_\_ **Contact No.:** \_\_\_\_\_ **COA ID No.:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_**Position:** \_\_\_\_\_ **Office Assignment/Address:** \_\_\_\_\_**Date of original appointment in COA:** \_\_\_\_\_ **No. of Years in the government service:** \_\_\_\_\_ **LBP Branch and Account No.:** \_\_\_\_\_ **Monthly Contribution:** \_\_\_\_\_**TIN No.:** \_\_\_\_\_ **GSIS No.:** \_\_\_\_\_ **Source/s of Income:** \_\_\_\_\_**SPECIMEN SIGNATURES****INITIALS**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**I hereby certify that the above information are true and correct:**\_\_\_\_\_  
(Signature of Applicant)**SLAGA ACTIONS****Documentary Requirements:**

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- Duly Accomplished Form w/ ID Picture
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- Latest Payslip (Certified Copy)
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- COA ID (Photocopy w/ 3 Specimen Signatures)
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- Appointment (Certified Copy)

In compliance with Section 103-S of the MORNBF, the following actions have been taken:

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- That face-to-face contact was conducted;
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- That member attended or has been oriented of his/her rights and privileges, among others;
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- Member's Risk Profile was assessed (AMLA Requirement).
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- Member has been checked against the OFAC/negative list (AMLA Requirement).

**Verified and Certified::**\_\_\_\_\_  
**Name & Signature**      \_\_\_\_\_  
**Date****Payment Details:**
**OR No.:** \_\_\_\_\_  
**OR Date:** \_\_\_\_\_  
**OR Amount:** \_\_\_\_\_  
**DAF:** \_\_\_\_\_  
**CC:** \_\_\_\_\_  
**MF:** \_\_\_\_\_
**Received by (Cashier):**\_\_\_\_\_  
**Name & Signature**      \_\_\_\_\_  
**Date****Reviewed By (Manager):****MARIBETH F. DE JESUS**  
Name and Signature**Date:** \_\_\_\_\_**Recommending Approval by the Membership Committee:**\_\_\_\_\_  
Name and Signature**Date:** \_\_\_\_\_**Approved/Confirmed by the Board of Trustees**\_\_\_\_\_  
BOT Regular Meeting**Held on** \_\_\_\_\_**Board Resolution No** \_\_\_\_\_**Posted in CAPLIS/SLIS:**\_\_\_\_\_  
**Name**\_\_\_\_\_  
**Position**\_\_\_\_\_  
**Date**