SAVINGS AND LOAN ASSOCIATION OF GOVERNMENT AUDITORS, INC.
SLAGA Office, Commission on Audit Compound, Commonwealth Avenue, Quezon City
Website: https://slaga.com.ph/ I E-mail: slaga.concerns@gmail.com
Tel. No.: (02) 8255-6721 I Mobile No.: 09217019089 / 09670354178

APPLICATION FOR MEMBERSHIP

Date:

(Last) *(First)* *(Middle)*
Name:

ATTACH 2X2 PICTURE*

Complete Mother's Maiden Name:

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 appoinment in COA:	**No. of Years in the government service:**	**LBP Branch and Account No.:**		**Monthly Contribution:**
TIN No.:	**GSIS No.:**	**Source/s of Income:**		

Are you or a member of your family a Politically Exposed Person (PEP)? [ ] Yes [ ]No
If Yes, please explain briefly: _____

SPECIMEN SIGNATURES	**INITIALS**
1.	
2.	
3.	

I hereby certify that the above information are true and correct.
I hereby authorize the Savings and Loan Association of Government Auditors (SLAGA, Inc.) to collect, use and process my personal information in accordance with the Data Privacy Act of 2012 for the purpose of this application for membership.

_____
(Signature of Applicant)

SLAGA ACTIONS

Documentary Requirements:
☐ **Duly Accomplished Form w/ ID Picture** ☐ **Latest Payslip (Certified Copy)**
☐ **COA ID (Photocopy w/ 3 Specimen Signatures)** ☐ **Appointment (Certified Copy)**

In compliance with Section 103-S of the MORNBFI, the following actions have been taken:
☐ That face-to-face contact was conducted;
☐ That member attended or has been oriented of his/her rights and privileges, among others;
☐ Member's Risk Profile was assessed (AMLA Requirement).
☐ 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):

_____
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**