

**COMPOSITE WING SAVINGS AND LOAN ASSOCIATION, INC.****(Authorized by the Bangko Sentral ng Pilipinas)**

CWSLAI Bldg., Bayani Road Corner A. Luna Street,

Fort Bonifacio Taguig City

Tel. Nos. (028) 885-7995; (028) 889-7830; (028) 889-783n2 to 36

2x2 Recent
Picture
White Background**MEMBERSHIP FORM (REGULAR)**

Date:

 Membership Application Membership Update**MEMBER INFORMATION** (indicate N/A if no applicable)

| | | | | | | |
|----------------------------|-------|--------------------|--|-----------------------------|---------------|------------------|
| LAST NAME | | FIRST NAME | | MIDDLE NAME | | Ext. Name |
| Date of Birth: | | Place of Birth: | | Sex: | Civil Status: | TIN: |
| Nationality: | | Branch of Service: | | Name of Spouse (if married) | | |
| Rank: | AFPSN | Unit: | | Last Name: _____ | | |
| Full Mother's Maiden Name: | | | | First Name: _____ | | |
| | | | | Middle Name: _____ | | |

Present Address:
 Bldg/House No./St. Brgy: _____
 District/ Town/ City : _____
 Province/Country/ Zip: _____ Contact No. _____

Permanent Address:
 Bldg/House No./St. Brgy: _____
 District/ Town/ City : _____
 Province/Country/ Zip: _____ Contact No. _____

Provincial Address:
 Bldg/House No./St. Brgy: _____
 District/ Town/ City : _____
 Province/Country/ Zip: _____ Contact No. _____

Kindly select your preferred billing address Present Address Permanent address Provincial Address**Address outside PH:** _____ Contact No. _____**Email Address:** _____

Source of Income: SALARY PENSION BUSINESS (Specify) OTHERS (Specify)

Legal Beneficiaries (Use Additional Sheet if necessary)

| Name | Birthday | Relationship | Contact No. |
|------|----------|--------------|-------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

| | | | | | |
|----------------------|-----------|--|------------|--|-------------|
| Full name of Father: | Last name | | First name | | Middle Name |
| | Last name | | First name | | Middle Name |
| Full name of Mother: | Last name | | First name | | Middle Name |
| | Last name | | First name | | Middle Name |

Willing to avail Advance Dividend Scheme of CWSLAI? YES NO

I hereby ascertain that the information provided herein is true and correct.

LEFT THUMBMARK

RIGHT THUMBMARK

Signature over Printed Name

-----TO BE FILLED UP BY CWSLAI PERSONNEL-----

| MEMBERSHIP TYPE | | | | |
|--|--------------|---|-----------------|--|
| <input type="checkbox"/> PAF – Military Active | | <input type="checkbox"/> PAF – Civilian Active | | <input type="checkbox"/> PAF – Technical Service |
| <input type="checkbox"/> PAF - Retiree | | <input type="checkbox"/> PAF – Civilian Retiree | | <input type="checkbox"/> PAF – Honorably Separated |
| Member's Acct No. | Passbook No. | Motivation | ID's Presented: | CWSLAI ID No. |
| Processed and Encoded by: | | | Approved by: | |

CWSLAI MEMBERSHIP TERMS AND CONDITIONS:

1. To apply for membership with CWSLAI, you shall have presented and submitted complete requirements to support your membership eligibility and be willing to invest in the Association an initial deposit of ONE THOUSAND PESOS (P 1,000.00) upon membership.
2. Member will be issued CWSLAI Passbook and CWSLAI ID/ Certificate of Membership (COM) which will be presented when transacting with the Association.
3. In the event of the loss of a CWSLAI Passbook, CWSLAI ID/Certificate of Membership (COM), members are obligated to initiate the replacement process, which involves submitting an application along with the required replacement fee and an Affidavit of Loss.
4. Personal appearance shall be required when transacting with CWSLAI.
5. New member is allowed to avail of the financial products and services offered by the Association. Financial products and services available are discussed with you by an authorized CWSLAI representative.
6. Member should immediately inform the Association of any changes in address, contact numbers, or other particulars every time it occurs with the use of prescribed updating forms.
7. The Association may from time to time send to you information/offer of any new products or services offered by the Association.
8. The financial products and services provided by the Association may be changed, suspended, or stopped and as the circumstances warrant. Member is encouraged to visit the CWSLAI website (www.cwslai.com) or any of the nearest offices for important announcements.
9. Member shall certify that the information provided in this Membership Form is TRUE and CORRECT and the documents attached herein are certified true machine copies from the original documents, and PLEDGE to abide, follow, and obey the By-Laws of CWSLAI including the rules, regulations, policies, and Board Resolutions promulgated by the Board of Trustees.

I, THE UNDERSIGNED, DO HEREBY ACKNOWLEDGE TO HAVE READ AND UNDERSTOOD THE ABOVE TERMS AND CONDITIONS AND PROMISE TO ABIDE BY BEING A MEMBER OF CWSLAI.

SIGNATURE OVER PRINTED NAME