



BUREAU OF JAIL MANAGEMENT AND PENOLOGY SAVINGS AND LOAN ASSOCIATION, INC.

G/F BJMP Bldg. BJMP NHQ Compound, 144 Mindanao Avenue, Brgy. Bahay Toro, Project 8,
1106 Quezon City, Metro Manila
Tel. Nos. 0923 113 3256 / 0956 209 6218 / 0947 883 1628

MEMBERSHIP APPLICATION FORM

ATTACHMENT: BJMP I.D. 1X1 PICTURE

Last name		First Name		Extension Name		Middle Name	
Permanent Address							
BJMP ID NO:			EMAIL ADDRESS:			CONTACT NO:	
SOURCES OF INCOME: _____ _____ OTHERS: _____			TYPE OF MEMBER <input type="checkbox"/> REGULAR <input type="checkbox"/> RETIREE <input type="checkbox"/> ASSOCIATE			Date joined BJMP: _____ Date of Retirement: _____	

LEGAL BENEFICIARIES

NAME	DATE OF BIRTH	RELATIONSHIP TO MEMBER	COMPLETE PRESENT ADDRESS
1.			
2.			
3.			
4.			

(PLEASE WRITE AT THE BACK FOR ADDITIONAL BENEFICIARIES)

BY AFFIXING MY SIGNATURE:

- I hereby certify to the correctness of all information contained herein including all annexes hereto. I authorized the BJMPSLAI to verify the details I have provided.
- I agree that the above listed legal beneficiaries are subject to future validation against the records of BJMP-DPRM, NSO etc.
- I agree and pledge to abide by the existing rules, policies and guidelines of the Association, as well as those which may be adopted from time to time.
- I agree to regularly update the details contained herein every three years, or earlier, as may be required by the Association.

BJMPSLAI upholds an individual's data privacy rights and observes that all personal information, sensitive personal information and privileged information collected and to be collected are processed or recorded, managed, organized, stored, updated, retrieved, consolidated, used, blocked, and erased according to the Data Privacy Act of 2012 (Republic Act 10173), its Implementing Rules and Regulations (IRR), and various Circulars under the principles of transparency, legitimate purpose, and proportionality.

I hereby give my consent to the processing, sharing, and/or transferring of my personal data relating to my account/s, without notice, to BJMPSLAI, its service providers and entities or third parties having authority or right to such disclosure of information as in the case of regulatory agencies, governmental or otherwise, which have required such disclosure from BJMPSLAI, also to enable BJMPSLAI to service my account/s, to process my requests and transactions with it, to provide all existing features and future enhancements thereto, and to avail other BJMPSLAI products, services, and facilities, as the BJMPSLAI deems necessary. I agree to hold BJMPSLAI, and third-party service providers free and harmless from any liability arising from or in connection with the consent herein given.

Approved By:

Applicant's Signature Over Printed Name/ Date

VP and General Manager

BJMPSLAI SIGNATURE CARD

BJMPSLAI No. 5

DATE OF APPLICATION						PLACE OF APPLICATION					
Last Name		First Name		Extension Name		Middle Name					
TIN		Civil Status		Nationality		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female					
Date of Birth	Month	Day	Year	Place of Birth		Email Address					
Rank and Position		Unit Assigned		Contact number of member		FB Messenger					
Permanent Address											
Name of Spouse / Legal Beneficiary								Contact number of legal beneficiary			
SPECIMEN SIGNATURE											
1. _____											
2. _____											
3. _____											
1x1 Picture											



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SAVINGS AND LOAN ASSOCIATION, INC.**

(Authorized by the Bangko Sentral ng Pilipinas)
G/F BJMP Bldg., BJMP NHQ Compound, 144 Mindanao Avenue,
Brgy. Bahay Toro, Project 8, 1106 Quezon City, Metro Manila
Tel. Nos. (02) 455 2486/799 2576/ 0917 8587163/ 0942 0259732

Automatic Deduction (ATD) Request Form

The Chief of Office

Finance Service, BJMP

I, _____, a member of the BJMPSLAI do hereby execute this authority to undertake the following:

Authorize the BJMP Finance Service to deduct from my payroll the amount of One Thousand Pesos (P1,000.00) Philippine currency as a require initial Capital Contribution and a (P500/P600) As one time membership fee.

Authorize the Finance to deduct from my payroll account the amount of _____ (To update write the new amount below/ for stoppage please write "0" or "ZERO")

P _____ Capital Contribution (P250 minimum amount)
P _____ Premium Savings Account (P100 minimum amount)

I sign this _____ day of _____, 20 ____.

SIGNATURE OF CLIENT OVER PRINTED NAME
Unit/Office Assignment: _____

SIGNATURE OF BJMPSLAI REPRESENTATIVE
Printed Name: _____

**DO NOT HONOR WITHOUT THE SIGNATURE OF THE BJMPSLAI
REPRESENTATIVE**