RECEIVED Date: __ | __ | __ Ву: _____

MEMBERSHIP APPLICATION

CPFI Form No. 01 (2017)

I,	(D sus Provident Fund, Inc., and that;		lar employee at rovincial Office), would like to
1. l agr	I agree to obey its rules and regulations as set forth in its Articles of Incorporation and By-Laws and other rules and regulations that may be promulgated by the Board of Trustees;		
 I hereby pledge to pay the equivalent of two percent (2%) of my basic monthly salary, deductible from the payroll immediately after the Board of Trustees requires such payment. 			
Signature:		Home Address:	
Position:		Monthly Salary:	
Official Station:		PSA ID No:	
Date of Birth:		Civil Status:	
Additional Documents: a. Civil Service Commission Appointment b. Medical Certificate by a licensed physician or issued by the PSA-HRD			
Immediate Family Member(s) - "Art III.O – Immediate Family for legally married member includes the legal spouse, unmarried child/ren and parent/s. If the member is single, immediate family shall include parents, unmarried child/ren and unmarried brothers, and sisters. For Muslims and IP's, immediate family includes spouses. Hence, in the absence of legal heirs, the law on succession shall apply."		Beneficiary(ies)- "Art III.P – Beneficiary refers to person or persons designated by the member as the recipient of benefits due the member from the Fund."	
Name	Relationship	Name	Relationship
	,		
TO BE FILLED OUT BY THE CPFI			
Approved:			
Chairperson, Board of Trustees			