

# NAMRIA PROVIDENT FUND, INC.

## Membership Form

TIN: \_\_\_\_\_

EMPLOYEE NO.: \_\_\_\_\_

DATE OF MEMBERSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ GENDER:  MALE  FEMALE  
(Last) (First) (M.I.)

DIVISION: \_\_\_\_\_ BRANCH: \_\_\_\_\_

POSITION: \_\_\_\_\_ SALARY GRADE: \_\_\_\_\_ MONTHLY SALARY: \_\_\_\_\_

STATUS OF APPOINTMENT:  PERMAMENT  TEMPORARY

DATE OF ORIGINAL APPOINTMENT W/ NAMRIA: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

CIVIL STATUS:  SINGLE  MARRIED  WIDOWED

IF MARRIED, NAME OF SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OFFICE TEL. /CELPHONE NOs.: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

NAME OF BENEFICIARIES	DATE OF BIRTH	RELATIONSHIP TO APPLICANT
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I hereby certify that all the information given above is true and correct.

\_\_\_\_\_  
SIGNATURE

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### CERTIFICATE OF APPROVAL

CHECKED:

APPROVED:

\_\_\_\_\_  
**DA JOHN SANTIAGO F. FABIC**  
Chairperson

\_\_\_\_\_  
**MARIFE C. VALENTINO**  
Chairman, Membership Committee

***Authorization for Salary Deduction and Remittances***

This is to certify the Accounting Section to deduct \_\_\_\_\_% of my salary, my personal contribution to NAMRIA Provident Fund Inc. as approved by the Chairperson and confirmed by the Board of Trustees, and to authorize further the Accounting Section to remit my personal contribution to the NAMRIA Provident Fund Inc.

***Authorization to Give Priority/Preference to NAMRIAPFI Dues and Loan Amortization in Salary***

This is to authorize the Accounting Section to deduct from my salaries, emoluments and other benefits, dues, and loan amortizations owing to the NAMRIA Provident Fund Inc. before any and all deductions owing to the third parties, except those deductions owing to government agencies and/or other deductions mandated by existing laws.

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SIGNATURE OVER PRINTED NAME