UNIVERSITY OF THE PHILIPPINES
Provident Fund

Membership Application Form

Please write using BLOCK or CAPITAL LETTERS. Accomplish and submit one (1) copy.

PERSONAL DETAILS

LAST NAME | **SUFFIX** *(e.g., JR., SR., IV)*

FIRST NAME | **MIDDLE NAME**

DATE OF BIRTH	SEX	CIVIL STATUS	CITIZENSHIP
_____ _____ , _____ Month Day Year	☐ Male ☐ Female	☐ Single ☐ Married ☐ Widowed ☐ Annulled/ Legally Separated	☐ Filipino ☐ Dual (Filipino and _____) ☐ Others (_____)

CITY ADDRESS / CURRENT HOME ADDRESS	CELLPHONE NO.	LANDLINE NO.

PERMANENT ADDRESS *(If different from above)*	EMAIL ADDRESS

EMPLOYMENT DETAILS

UP CAMPUS / UNIT / CONSTITUENT UNIVERSITY	EMPLOYEE CLASSIFICATION	EMPLOYEE NO.
☐ Baguio ☐ Manila ☐ Los Baños ☐ Cebu ☐ Diliman ☐ PGH ☐ Open University ☐ Mindanao ☐ System Admin ☐ Visayas	☐ Admin Staff ☐ REPS ☐ Faculty ☐ Others _____	

COLLEGE / UNIT	DEPARTMENT	ACADEMIC RANK / POSITION

STATUS OF APPOINTMENT	DATE OF APPOINTMENT	SALARY GRADE	MONTHLY SALARY	TAXPAYER ID NO. (TIN)
☐ Permanent ☐ Contractual ☐ Temporary ☐ Others (_____)	_____ ____ , _____ Month Day Year			

MEMBERSHIP DETAILS

MONTHLY CONTRIBUTION

(Contribution will be deducted from your salary every month; Choose between: (a) Percentage of basic salary, minimum of 1%; or (b) Fixed amount; You may change this anytime by filling out the Member's Data Updating Form; Amount is subject to the DBM rule on net take-home pay threshold.)

☐ A. Percentage of Basic Salary (Between 1% and 100%):	or	☐ B. Fixed Amount (in Philippine Peso):
_____%		PHP _____

BENEFICIARY/IES

(Those who will receive the fund benefits in case of the member's death; Please use additional sheet if necessary; If left blank, benefits shall be divided among heirs in accordance with the New Family Code.)

	Full Name	Date of Birth	Relationship		Full Name	Date of Birth	Relationship
1				3			
2				4			

By signing this form, I hereby certify that all information provided above are true, accurate, and complete. I also consent to the collection, recording, use, processing, storage, and retention of my personal data by UP Provident Fund for the purpose of my membership with the Fund, subject to RA 10173 ("Data Privacy Act"). I authorize the company to disclose relevant personal information to third parties only as necessary for the processing and execution of regular membership transactions (e.g., loans disbursement, insurance application and claims processing, etc.) or as legally required by existing laws, ordinances, or regulations.

_____ _____
SIGNATURE OVER PRINTED NAME **DATE**

To be filled out by UP Provident Fund and UP HRDO Personnel

Received and checked by: UP PROVIDENT STAFF	Verified by: UP HRDO DIRECTOR	Approved by: UP PROVIDENT FUND MANAGER
_____ _____ Signature over Printed Name Date	_____ _____ Signature over Printed Name Date	_____ _____ Signature over Printed Name Date