



NATIONAL POWER CORPORATION PROVIDENT FUND

PROVIDENT FUND MEMBERSHIP FORM

 First-time application Re-application
INSTRUCTIONS

1. Accomplish this form in one (1) copy
2. Present one (1) photocopy of NAPOCOR ID upon submission of form.
3. Type or print all entries in BLOCK or CAPITAL LETTERS.
4. The "NAME EXTENSION" shall refer to JR., II, III and the like.
5. Accomplish only the "PERMANENT HOME ADDRESS" if it is the same with the "PRESENT HOME ADDRESS".

REFERRAL DETAILS

DCE Number	Complete Name (Surname, Name, MI)
Cost Center Name and Number	Local No. / Mobile No.

MEMBER'S PERSONAL DETAILS

LAST NAME		FIRST NAME		NAME EXT.		MIDDLE NAME																																	
DATE OF BIRTH		CITIZENSHIP		MARITAL STATUS		DATE OF APPLICATION																																	
<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>										m	m	d	d	y	y	y	y			<input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Legally Separated		<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>										m	m	d	d	y	y	y	y
m	m	d	d	y	y	y	y																																
m	m	d	d	y	y	y	y																																
PLACE OF BIRTH		SEX				DCE/EMPLOYEE NO.																																	
		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE				<table border="1"> <tr><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td></tr> </table>				-						-																							
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NAME OF SPOUSE (if married) (Last Name, First Name, Name Ext., Middle Name)						TAXPAYERS IDENTIFICATION NUMBER (TIN)																																	
						<table border="1"> <tr><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td></tr> </table>				-						-																							
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ADDRESS AND CONTACT DETAILS

PERMANENT HOME ADDRESS Unit/Room No., Floor Lot No., Block No., Phase No. House No. Street Name Subdivision		CELL NO.	
Barangay Municipality/City Province/State/Country ZIP Code		TEL. NO.	
PRESENT HOME ADDRESS Unit/Room No., Floor Lot No., Block No., Phase No. House No. Street Name Subdivision		COST CENTER (Tel. No.)	
Barangay Municipality/City Province/State/Country ZIP Code		EMAIL	

EMPLOYMENT DETAILS

NATURE OF APPOINTMENT		ENTRANCE TO DUTY																									
<table border="1"> <tr><td></td><td>REGULAR / PERMANENT</td><td></td><td>CASUAL*</td></tr> <tr><td></td><td colspan="3">CONTRACTUAL (*WITH EMPLOYER-EMPLOYEE RELATIONSHIP)</td></tr> </table>			REGULAR / PERMANENT		CASUAL*		CONTRACTUAL (*WITH EMPLOYER-EMPLOYEE RELATIONSHIP)			<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>										m	m	d	d	y	y	y	y
	REGULAR / PERMANENT		CASUAL*																								
	CONTRACTUAL (*WITH EMPLOYER-EMPLOYEE RELATIONSHIP)																										
m	m	d	d	y	y	y	y																				
POSITION		COST CENTER																									
REGION		MONTHLY SALARY RATE																									
<input type="checkbox"/> HO <input type="checkbox"/> SPUG LUZON <input type="checkbox"/> SPUG VIS. <input type="checkbox"/> SPUG MIN. <input type="checkbox"/> PLANTS <input type="checkbox"/> OTHERS (Please specify) _____		<table border="1"> <tr><td>₱</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		₱																							
₱																											
		EMPLOYEE SHARE																									
		<table border="1"> <tr><td>₱</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		₱																							
₱																											

AGREEMENT

I hereby certify that the information given and all statements made herein are true and correct. I agree that the information I have provided may be used or shared with third parties conducting surveys, marketing activities or promotional offers of the NPC PROVIDENT FUND (the NPC-PF/ the Fund). Any promotional offer of the NPC-PF may be emailed to me at the provided email address. In case of falsification, misrepresentation or any similar acts committed by the applicant the NPC-PF shall automatically suspend the benefits entitled to me by the programs of the Fund indefinitely.

I hereby agree to abide with the terms and conditions of the NPC -PF. In the event that I do not abide with the terms and conditions of the Fund, the NPC -PF office has the right to deny me of any benefit due to me by the Fund.

Per EO150, I hereby authorize the NPC-PF, to deduct monthly from my salary the amount of _____ (₱ _____) or 5% of my gross salary, representing my contribution to the Fund effective and to be deducted on my payroll starting _____. Likewise, I hereby authorize the Fund, to disclose, submit or share my account information to the accredited Partner-Bank for the purpose of necessary bank transactions relating to any loan proceeds due to me in compliance with the Know-Your-Client requirements of the Bangko Sentral ng Pilipinas (BSP) and R.A. No. 10173 (Data Privacy Act of 2012).

I hereby agree to the disclosures to be made by the NPC-PF in connection with this Agreement, provided the same are not contrary to law and public policy.

BY:	APPROVED:
_____	_____
SIGNATURE OF MEMBER / DATE	NPC PROVIDENT FUND / DATE