



**ARMED FORCES AND POLICE SAVINGS & LOAN ASSOCIATION, INC.**

(Regulated by the Bangko Sentral ng Pilipinas)

**CHANGE FORM FOR AFPSLAI MOBILE APP  
AND SMS/E-MAIL NOTIFICATION SERVICES**

**REQUEST FOR:**

- Information Change     Resetting of Password     Locking of App     Cancellation of Registration

**REASON** \_\_\_\_\_

**NAME OF REGISTRANT**

FIRSTNAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MIDDLENAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LASTNAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**EXTN. NAME**

<input type="text"/>	<input type="text"/>
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**INFORMATION TO BE CHANGED**

- E-MAIL ADDRESS     MOBILE NUMBER

**NEW E-MAIL ADDRESS**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**NEW MOBILE NO.**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I am hereby giving my consent to the processing of my personal information necessary for AFPSLAI Mobile App, E-mail notification and text message alert services.

\_\_\_\_\_  
Registrant's Signature Over Printed Name

\_\_\_\_\_  
Date

AFPSLAI BRANCH OFFICE  
\_\_\_\_\_

Received/Encoded by:  
\_\_\_\_\_  
AFPSLAI Membership Staff