



**BJMP PROVIDENT FUND**

144 3<sup>rd</sup> flr. BJMP Bldg. Mindanao Avenue Project 8, Quezon City  
Contact Nos: 09270169428 / 09083028298  
Email address: [providentfundbjmp@gmail.com](mailto:providentfundbjmp@gmail.com)

**FORM 1**

**Written Manifestation to Join the BJMP Provident Fund**

I, \_\_\_\_\_, with the rank of \_\_\_\_\_  
(if NUP, put NUP instead of rank), is a bona fide member of the Bureau of Jail Management and Penology.

That I am presently assigned at \_\_\_\_\_ and designated as \_\_\_\_\_.

That I have been with BJMP for \_\_\_\_\_ years.

That I have been informed about the BJMP Provident Fund, particularly the benefits as well as the rights, duties and responsibilities of the members thereof.

That I am signifying in writing to join the BJMP Provident Fund.

That my written manifestation to join the BJMP Provident Fund is made voluntary.

That I am executing this Manifestation to attest to the truth of the foregoing and only for the purpose of joining the BJMP Provident Fund.

WITNESS my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_.

***(PLEASE COMPLETE THE DETAILS BELOW)***

Address (residency) : \_\_\_\_\_  
Email address : \_\_\_\_\_  
Contact No/s : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Cellphone No) (Landline) (Fax No.) (Office Tel. No.)

\_\_\_\_\_  
Signature over Printed Name

**APPROVED BY:**

**Membership Committee:**

**SJO4 LOU A TEJANO**  
Chairperson

**JO1 LOVELEEN ANNE A DELMO**  
Member

**MR. JOHN EMMARSON B SICIO**  
Member



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### FORM 3

#### Written Authority to Deduct Membership Fee and Contribution

I, \_\_\_\_\_, with the rank of \_\_\_\_\_ (if NUP, put NUP instead of rank), is a bona fide member of the Bureau of Jail Management and Penology

and presently assigned at \_\_\_\_\_ and designated as \_\_\_\_\_.

That I have signed through my written manifestation to join voluntarily the BJMP Provident Fund.

I understand that pursuant to EO 641 dated 25 July 2007, Budget Circular No. 2008-3 dated 20 June 2008, and the By-Laws of the BJMP Provident Fund, membership in the BJMP Provident Fund constitutes the authority to deduct from the payroll the members' regular monetary contribution.

That by virtue of my membership with the BJMP Provident Fund and the issuances above mentioned, I am authorizing the Finance Office, BJMP National Headquarters to deduct from the payroll the following:

- One-time membership fee of Two Hundred Fifty Pesos (250.00)
- Monthly monetary contribution of (*please check appropriate box below*)

One Hundred Pesos (100.00)       Others \_\_\_\_\_ (*please specify*)

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_.

\_\_\_\_\_  
Signature over Printed Name

#### (PLEASE COMPLETE THE DETAILS BELOW)

Address (residency) : \_\_\_\_\_  
Email address : \_\_\_\_\_  
Contact No/s : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Cellphone No) (Landline) (Fax No.) (Office Tel. No.)