



**Bureau of Jail Management and Penology  
Mutual Benefit Association (BJMPMBAI), Incorporated**

Bureau of Jail Management and Penology National Headquarters  
144 Mindanao Avenue, Project 8, Quezon City Tel. 02-8926-6963 / 02-8542-6671

AGREEMENT FORM

REQUEST FOR THE RELEASE OF CASH DIVIDEND WITH BJMPMBAI  
(At least 1 year member as of December 31, 2022)

FOR: The BJMPMBAI GENERAL MANAGER

DATE: \_\_\_\_\_

NAME OF MEMBER: \_\_\_\_\_

(Rank, First Name, Middle Name, Last Name)

REGION& JAIL UNIT \_\_\_\_\_

Requirement:

1. Photocopy of Valid ID with Signature.
2. Updated Membership Form

\_\_\_\_\_  
Signature Over Printed Name

Date Signed : \_\_\_\_\_

TIN No. : \_\_\_\_\_

Contact No : \_\_\_\_\_

**AUTHORIZATION OF MEMBER**

(For those allowing Authorized Representative to claim on his/her behalf)

I, \_\_\_\_\_, member of BJMPMBAI, hereby authorized \_\_\_\_\_  
(Name of Member / Associate Member)

\_\_\_\_\_, my \_\_\_\_\_ to claim my Cash Dividend in my behalf  
(Name) (Relationship)

Refer to the signature below & attached valid ID of my authorized representative.

\_\_\_\_\_  
Member Signature Over Printed Name

Date Signed: \_\_\_\_\_

Contact No.: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative Over Printed Name

Date Signed : \_\_\_\_\_

Contact No : \_\_\_\_\_

**This portion is to be filled out by BJMPMBAI Management / Authorized Representative**

Date : \_\_\_\_\_

Amount of Dividend: \_\_\_\_\_

Validated by : \_\_\_\_\_  
Signature Over Printed Name

Released by: \_\_\_\_\_  
Signature Over Printed Name

**RECEIVED PAYMENT:**

\_\_\_\_\_  
Signature Over Printed Name

Date: \_\_\_\_\_