



Republic of the Philippines  
Supreme Court  
Office of the Court Administrator  
Manila

**OCA CIRCULAR NO. 61-2022**

**TO : ALL MEMBERS OF THE SUPREME COURT SAVINGS AND  
LOAN ASSOCIATION, INC. (SCSLAI) IN THE FIRST AND  
SECOND LEVEL COURTS**

**SUBJECT: DIGITALIZATION OF RECORDS OF THE SCSLAI MEMBERS**

As requested by Atty. Rene B. Enciso, SCSLAI President, in his letter dated 14 March 2022, all concerned members of SCSLAI in the first and second level courts are directed to fill out the form (attached as Annex "A"), either through this link: <https://forms.gle/ZLtKcAVyyQ3Ngzen8>, or by sending said form to the e-mail address of their respective Judicial Region as listed in the Annex "B" herein.

Please be advised that Circular Letter Nos. 2019-002 and CL-2021-063 of the Bangko Sentral ng Pilipinas (BSP) require the "digitalization of records of the members of the savings and loan associations and other entities under its supervision." Along this line, AMLC Regulation No. 6, Series of 2021 provides that the period of compliance with the aforesaid BSP Circulars is until 30 September 2022, and non-compliance with said circulars may be imposed with the penalty of P15,000.00 to P150,000.00 per account.

For the guidance and compliance of all concerned.

21 March 2022

  
**RAUL BAUTISTA VILLANUEVA**  
Court Administrator

**SCSLAI****SUPREME COURT SAVINGS AND LOAN ASSOCIATION, INC.**  
3<sup>rd</sup> Floor, Old Supreme Court Bldg. Padre Faura Street, Ermita, Manila 1000**Mandatory**

Email \* \_\_\_\_\_  
FAMILY NAME \* \_\_\_\_\_  
FIRST NAME \* \_\_\_\_\_  
MIDDLE NAME\* \_\_\_\_\_  
COMPLETE PRESENT ADDRESS \* \_\_\_\_\_  
COMPLETE PERMANENT ADDRESS \* \_\_\_\_\_  
DATE OF BIRTH \* \_\_\_\_\_  
NATIONALITY \* \_\_\_\_\_  
PLACE OF BIRTH \* \_\_\_\_\_  
GENDER \* \_\_\_\_\_  
CIVIL STATUS (S/M/W) \* \_\_\_\_\_  
TIN \* \_\_\_\_\_

**Optional**

MOTHER'S MAIDEN NAME \_\_\_\_\_  
MOBILE NO. \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_  
Please Upload a signed government issued ID (front and back)  
EDP NO. \_\_\_\_\_  
SPOUSE NAME \_\_\_\_\_  
DATE OF BIRTH OF SPOUSE \_\_\_\_\_  
OFFICE/COURT STATIONED \_\_\_\_\_  
RANK/POSITION \_\_\_\_\_  
GSIS ID NO. \_\_\_\_\_  
COMPLETE OFFICE ADDRESS \_\_\_\_\_  
MONTHLY SALARY \_\_\_\_\_  
LENGTH OF SERVICES \_\_\_\_\_  
STATUS OF APPOINTMENT \_\_\_\_\_  
DATE OF APPOINTMENT/ DATE OF RETIREMENT (IF RETIRED)  
\_\_\_\_\_  
OFFICE TELEPHONE NO \_\_\_\_\_  
SOURCE OF INCOME \_\_\_\_\_

**LEGAL BENEFICIARIES.**

1. NAME \_\_\_\_\_
2. RELATION TO MEMBER \_\_\_\_\_

## **SCSLAI EMAIL / REGION**

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[Scslainc.mimaropa@gmail.com](mailto:Scslainc.mimaropa@gmail.com)

Form Link

<https://forms.gle/ZLtKcAVyyQ3Ngzen8>