


PRESENT EMPLOYMENT DETAILS <small>(If with more than one (1) employer, use separate sheet and follow format below)</small>				
*OCCUPATION ENGLISH LANGUAGE AND LITERATURE TEACHERS, POSTSECONDARY		EMPLOYMENT STATUS <input checked="" type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/ <input type="checkbox"/> Casual <input type="checkbox"/> Project-based <input type="checkbox"/> Temporary		TYPE OF WORK <small>(For OFW only)</small> <small>(Pls. specify country of assignment)</small> <input type="checkbox"/> Land-based _____ <input type="checkbox"/> Sea-based _____
*EMPLOYER/BUSINESS NAME <small>(For Formally Employed, OFW and Self-employed Professional/Business Owner)</small> VIRGINIA			MONTHLY INCOME Basic _____ + _____ Allowances/Others _____ = _____ Total Mo. Income _____	
*EMPLOYER/BUSINESS ADDRESS <small>(For Formally Employed, OFW and Self-employed Professional/Business Owner)</small> Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.			OFFICE ASSIGNMENT <input checked="" type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
Street Name	Subdivision	Barangay		
Municipality/City CEBU CITY	Province CEBU	State/Country (If abroad)	ZIP Code 6000	DATE EMPLOYED <small>(Month, Year)</small> July 2019

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP <small>(Use another sheet if necessary)</small>				
EMPLOYER/BUSINESS NAME			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS			FROM	TO
			mm yy yy yy	mm yy yy yy
EMPLOYER/BUSINESS NAME			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS			FROM	TO
			mm yy yy yy	mm yy yy yy
EMPLOYER/BUSINESS NAME			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS			FROM	TO
			mm yy yy yy	mm yy yy yy

HEIRS <small>(In case of death, Fund benefits shall be divided among the member's heirs in accordance with the New Civil Code as amended by the New Family Code) (Use another sheet if necessary)</small>						
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME <small>(Check only if applicable)</small>	RELATIONSHIP	DATE OF BIRTH
BASILLO	DANILO	SR.	CARDONA	<input type="checkbox"/>	FATHER	1 0 0 6 1 9 7 0 mm dd yy yy yy
				<input type="checkbox"/>		mm dd yy yy yy
				<input type="checkbox"/>		mm dd yy yy yy
				<input type="checkbox"/>		mm dd yy yy yy



I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.



 SIGNATURE OF MEMBER

02/12/2020

 DATE

FOR Pag-IBIG FUND USE ONLY		
RECEIVED BY ORIGINAL DOC. SEEN		DATE
BY:  Name	Designation/Position	Branch/Unit
DATE: 		

DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.