

PRESENT EMPLOYMENT DETAILS (If with more than one (1) employer, use separate sheet and follow format below)

*OCCUPATION		EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input checked="" type="checkbox"/> Contractual <input type="checkbox"/> Part-time/Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Project-based	TYPE OF WORK (For OFW only) (Pls. specify country of assignment) <input type="checkbox"/> Land-based _____ <input type="checkbox"/> Sea-based _____
*EMPLOYER/BUSINESS NAME (For Formally Employed, OFW and Self-employed Professional/Business Owner) IPLOY		MONTHLY INCOME Basic _____ + _____ Allowances/Others _____ = _____ Total Mo. Income <u>21,000</u>	
*EMPLOYER/BUSINESS ADDRESS (For Formally Employed, OFW and Self-employed Professional/Business Owner) Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. 16TH FLOOR ONE MONTAGE		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input checked="" type="checkbox"/> Branch <u>CEBU</u>	
Street Name ARCHBISHOP REYES AVENUE	Subdivision	Barangay	
Municipality/City CEBU CITY	Province CEBU	State/Country (If abroad)	ZIP Code 6000
		DATE EMPLOYED (Month, Year) JUNE 2023	

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP (Use another sheet if necessary)

EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM: [] TO: [] m m y y y y m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM: [] TO: [] m m y y y y m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM: [] TO: [] m m y y y y m m y y y y

HEIRS (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)

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH
				<input type="checkbox"/>		[] m m d d y y y y
				<input type="checkbox"/>		[] m m d d y y y y
				<input type="checkbox"/>		[] m m d d y y y y
				<input type="checkbox"/>		[] m m d d y y y y

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



 SIGNATURE OF MEMBER

06/05/2023

 DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY	DATE
_____ <i>Signature over Printed Name</i>	_____ <i>Designation/Position</i>
_____ <i>Branch/Unit</i>	

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.