

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

*OCCUPATION SALES REPRESENTATIVES, SERVICES, AND OTHER		EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input checked="" type="checkbox"/> Contractual <input type="checkbox"/> Part-time/Temporary <input checked="" type="checkbox"/> Casual <input checked="" type="checkbox"/> Project-based		TYPE OF WORK (For OFW only) (Pls. specify country of assignment) <input checked="" type="checkbox"/> Land-based <input type="checkbox"/> Sea-based	
*EMPLOYER/BUSINESS NAME (For Formally Employed, OFW and Self-employed Professional/Business Owner) TELEPERFORMANCE				MONTHLY INCOME Basic _____ + Allowances/Others _____ = _____ Total Mo. Income _____	
*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.				OFFICE ASSIGNMENT <input checked="" type="checkbox"/> Head Office <input checked="" type="checkbox"/> Branch _____	
Street Name		Subdivision CEBUIT PARK	Barangay APAS	DATE EMPLOYED (Month, Year) September 2020	
Municipality/City CEBU CITY	Province CEBU	State/Country (If abroad)	ZIP Code 6000		

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

EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT <input checked="" type="checkbox"/> Head Office <input checked="" 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 checked="" type="checkbox"/> Head Office <input checked="" 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 checked="" type="checkbox"/> Head Office <input checked="" 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 u u y y y y
				<input type="checkbox"/>		iii iii u u y y y y

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

09/03/2020

SIGNATURE OF MEMBER

DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY			DATE
Signature over Printed Name	Designation/Position	Branch/Unit	

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.