

REQUEST SLIP

Requestor's Name: LAMANILAO, KIMBERLY	Date of Release:
Pag-IBIG MID No.: 12/2 4064 652 BOLINGO 74 17	Employer ID No.:
Purpose:	
Particulars	No. of Copies
<p>FOR MEMBER</p> <p><input type="checkbox"/> Member's Statement of Accumulated Value (MSAV)</p> <p><input type="checkbox"/> Certificate of No Short-Term Loan (STL) Availment</p> <p><input type="checkbox"/> Short-Term Loan (STL) Statement of Account (SOA)</p> <p><input type="checkbox"/> Certificate of Full Payment</p> <p><input type="checkbox"/> Member's Data Form (MDF, system-generated)</p> <p><input type="checkbox"/> Others, please specify _____</p> <p>FOR EMPLOYER</p> <p><input type="checkbox"/> Certificate of Employer's Registration (COER)</p> <p><input type="checkbox"/> Computation of Total Provident Obligation</p> <p><input type="checkbox"/> Pag-IBIG Clearance Certificate</p> <p><input type="checkbox"/> Others, please specify _____</p>	
Requested by: _____ <i>Signature Over Printed Name</i>	Date:
FOR Pag-IBIG FUND USE ONLY	
Received by: WYNILEE R. DAPAL Marketing & CSA _____ <i>Signature Over Printed Name</i>	Date <div style="text-align: right; font-size: 1.2em;">9/18/23</div>
_____ <i>Designation/Position</i>	_____ <i>Branch/Unit</i>

NOTES:

1. Submit the duly accomplished Request Slip and photocopy of one (1) valid ID to any Pag-IBIG Branch.
2. The requested document/s will be released to the Pag-IBIG Member/Employer or its Authorized Representative with Authorization Letter and valid IDs of the Requestor and Authorized Representative.