HQP-PFF-039
(V07, 10/2017)

PRESENT EMPLOYMENT DETAILS

OCCUPATION CUSTOMER SERVICE REPRESENTATIVES	**EMPLOYMENT STATUS** CASUAL	**TYPE OF WORK**
EMPLOYER/BUSINESS NAME IPLOY INC		**COUNTRY OF ASSIGNMENT**
EMPLOYER/BUSINESS ADDRESS **Unit/Room No., Floor**: UNIT A&F 11F **Building Name**: MSY TOWER **Lot No.**: 3 **Block No.**: 6 **Phase No.** **House No.** **Street Name**: PESCADORES ROAD **Subdivision** **Barangay** **Municipality/City**: CEBU CITY **Province**: CEBU **State/Country(if abroad)**: PHILIPPINES **ZIP Code**: 6000		**MANNING AGENCY** **MONTHLY INCOME** Basic 0.00 Allowances/Others 0.00 Total Mo. Income 0.00 **OFFICE ASSIGNMENT** **DATE EMPLOYED**: DEC 2020

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP

EMPLOYER/BUSINESS NAME	**OFFICE ASSIGNMENT**	
EMPLOYER/BUSINESS ADDRESS	**FROM**	**TO**

HEIRS

LASTNAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH
PEPINO	LANCE VINCENT		ROMARIZ	[ ]	SON	06/13/2009
PEPINO	LUKE VLADIMIR		ROMARIZ	[ ]	SON	12/08/2006
PEPINO	LYMAR		YNCIERTO	[ ]	SPOUSE	07/10/1981

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

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.