HQP-PFF-003
(V06, 04/2018)

SPECIMEN SIGNATURE FORM

INSTRUCTIONS

1. Accomplish this form in one (1) copy.
2. Type or print all entries in BLOCK and CAPITAL LETTERS.
3. Please refer to the table below for the List of Authorized Signatories to certify and/or sign documents in all business transaction with the Fund.
4. Should there be any revocation of the authority of the officials named in this form, secure and submit duly accomplished Employer's Change of Information Form (ECIF, FPF100) and new Specimen Signature Form to any Pag-IBIG Branch.

EMPLOYER/BUSINESS NAME	Pag-IBIG EMPLOYER/HOUSEHOLD EMPLOYER ID NO.

The following are hereby authorized to certify and/or sign documents in all business transactions of our company/business with the Fund:

AUTHORIZED SIGNATORY/IES		
NAME *(Last Name, First Name, Name Extension, Middle Name)*	NAME *(Last Name, First Name, Name Extension, Middle Name)*	NAME *(Last Name, First Name, Name Extension, Middle Name)*
OFFICIAL DESIGNATION	OFFICIAL DESIGNATION	OFFICIAL DESIGNATION
SPECIMEN SIGNATURES		
1.	1.	1.
2.	2.	2.
3.	3.	3.
PERSON GRANTING AUTHORITY _____ SIGNATURE OVER PRINTED NAME _____ DESIGNATION/POSITION		DATE AUTHORITY GRANTED

LIST OF SIGNATORIES FOR PERSON GRANTING AUTHORITY

1. For Single Proprietorship – Owner
2. For Partnership – Managing Partner
3. For Corporation – President, Chairman or Corporate Secretary
4. For Cooperative – Chairman or Corporate Secretary
5. For Trade Association – President or Chairman of the Board
6. For Household Employer – Any immediate members of the family, 18 years old and above or occupants of the house who are directly and regularly provided service by the Kasambahay.

NOTE: In case the signatory shall be other than the specified signatory/ies, a supporting document designating the authorized representative to sign the document (i.e. SPA, Authorization Letter, etc.) shall be attached to the SSF.

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.