



EMPLOYER'S CHANGE OF INFORMATION FORM (ECIF)

Pag-IBIG EMPLOYER'S ID NUMBER									

INSTRUCTIONS

- This form shall be accomplished in one (1) copy.
- Accomplish the applicable portions to be changed/corrected only.
- Type or print all entries in BLOCK/CAPITAL LETTERS.
- Submit duly accomplished form together with required supporting documents to any Pag-IBIG Branch nearest you.
Note: Please submit photocopy of the documents depending on the information to be changed. The Certified True Copy of the said documents shall be presented for authentication.

- Change/correction of Employer/Business Name and/or Address**
 - For Single Proprietorship
 - Amended DTI Certificate
 - Business/Mayor's Permit
 - For Partnership/Corporation
 - Amended SEC Certificate
 - Amended Articles of Partnership/Incorporation
 - For Cooperative/Trade Association
 - CDA Certificate (For Cooperative)
 - Amended SEC Certificate of Incorporation (For Trade Association)

REQUIREMENTS

- Change of Legal Personality**
 - Single Proprietorship to Corporation
 - SEC Certificate
 - Articles of Incorporation
 - Certificate of Cancellation as Single Proprietorship
 - Partnership to Corporation
 - Articles of Incorporation
 - Deed of Dissolution of Partnership
- Additional/Change of Authorized Representative/s**
 - For Single Proprietorship
 - Specimen Signature Form (SSF)
 - DTI Certificate or Business/Mayor's Permit
 - For Partnership/Corporation
 - Specimen Signature Form (SSF)
 - Board Resolution
 - Secretary's Certificate

CHECK APPROPRIATE BOX ONLY

1. CHANGE/CORRECTION OF EMPLOYER/BUSINESS NAME
 3. CHANGE OF LEGAL PERSONALITY
 5. OTHERS (PLEASE SPECIFY)
2. CHANGE/CORRECTION OF ADDRESS/CONTACT DETAILS
 4. CHANGE OF AUTHORIZED REPRESENTATIVE

EMPLOYER/BUSINESS NAME	TAXPAYER IDENTIFICATION NUMBER (TIN)
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1. CHANGE/CORRECTION OF EMPLOYER/BUSINESS NAME

FROM	TO
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2. CHANGE/CORRECTION OF EMPLOYER'S ADDRESS/CONTACT DETAILS *(Please accomplish portions to be changed only)*

Unit/Room No., Floor	Building Name	COUNTRY+AREA CODE		TELEPHONE NUMBER
Lot No.	Block No.	Phase No.	House No.	Business (Direct Line)
Street Name	Business (Fax)			
Subdivision	Barangay	Business (Trunkline)		Local
Municipality/City	Province	ZIP Code	Email Address	

3. CHANGE OF LEGAL PERSONALITY

FROM	TO
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4. CHANGE OF AUTHORIZED REPRESENTATIVE *(Use separate sheet if necessary)*

FROM	TO
Name _____ Official Designation _____ Name _____ Official Designation _____ Name _____ Official Designation _____	Name _____ Official Designation _____ Name _____ Official Designation _____ Name _____ Official Designation _____

5. OTHERS *(Please specify)*

FROM	TO
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CERTIFICATION

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER CERTIFY THAT MY SIGNATURE APPEARING HEREIN IS GENUINE AND AUTHENTIC.

HEAD OF OFFICE OR AUTHORIZED REPRESENTATIVE
(Signature Over Printed Name)

DESIGNATION/POSITION

DATE

FOR Pag-IBIG FUND USE ONLY

DOCUMENTS SUBMITTED	RECEIVED BY	DATE	APPROVED BY	DATE
<input type="checkbox"/> DTI/SEC Registration <input type="checkbox"/> Business/Mayor's Permit <input type="checkbox"/> Amended Articles of Partnership/Incorporation/Cooperation <input type="checkbox"/> Board Resolution	<input type="checkbox"/> CDA Certificate <input type="checkbox"/> SEC Certificate of Incorporation <input type="checkbox"/> Secretary's Certificate <input type="checkbox"/> Specimen Signature Form (SSF) <input type="checkbox"/> Others <i>(Please specify)</i>			