



# 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>			