



LOYALTY CARD REMITTANCE FORM

Pag-IBIG EMPLOYER ID NUMBER

EMPLOYER NAME					
EMPLOYER ADDRESS					
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No., House No.		Street Name	
Subdivision	Barangay	Municipality/City	Province/State/Country <i>(If abroad)</i>		ZIP Code
Pag-IBIG MID No.	Last Name	NAME OF MEMBERS			AMOUNT
		First Name	Name Ext. <i>(Jr., III, etc)</i>	Middle Name	
TOTAL FOR THIS PAGE					₱
GRAND TOTAL (If last page)					₱

EMPLOYER CERTIFICATION		
<p>I hereby certify under pain and perjury 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.</p>		
<p>_____ HEAD OF OFFICE OR AUTHORIZED REPRESENTATIVE <i>(Signature over Printed Name)</i></p>	<p>_____ DESIGNATION/POSITION</p>	<p>_____ DATE</p>

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.