



Request for Loyalty Card Enrollment Kiosk

Yes! Please provide our office a Loyalty Card Enrollment Kiosk.

Month	Date/s
<input type="checkbox"/> _____	_____ to _____, 20____
<input type="checkbox"/> _____	_____ to _____, 20____

Check the month and indicate your preferred date.

Employer/Business Name	No. of Employees	
Employer/Business Address <i>(Please indicate complete address)</i>		
Authorized Representative/Contact Person	Telephone Number	Email Address

Requested by:

_____	_____	_____
Head of Office/Authorized Representative Signature over Printed Name	Designation/Position	Date

Agreement

This office agrees to collect the corresponding Loyalty Card Fee of its employees, applying for the Loyalty Card through the Enrollment Kiosk to be deployed at our office on the above-stated date/s, and remit said amount to Pag-IBIG Fund, on or before the scheduled date as reflected in the notice that this office shall receive for the purpose.

Certified by:

_____	_____	_____
Head of Office/Authorized Representative Signature over Printed Name	Designation/Position	Date

For Pag-IBIG Fund Use Only

Kiosk Deployment Approved by	No. of Kiosk for Deployment	Minumum No. of Confirmed Applicants
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