



**eSRS EMPLOYER ENROLLMENT FORM**

**Employer ID Number** : \_\_\_\_\_  
**Employer/Business Name** : \_\_\_\_\_  
**Pag-IBIG Servicing Branch** : \_\_\_\_\_  
**Employer Type** (i.e., Private or Government) : \_\_\_\_\_

ADDRESS AND CONTACT DETAILS					
Unit/Room No., Floor	Building Name			AREA CODE	TELEPHONE NUMBER
Lot No., Block No.	Phase No.	House No.	Street Name	Business (Direct Line)	
Subdivision	Barangay			Business (Trunk Line)      Local	
Municipality/City	Province			Cell Phone	
Region	Zip Code			Business Email Address	

AUTHORIZED USER DETAILS	
Pag-IBIG MID Number	User Name
Name	Email Address
Designation	Cell Phone Number

EMPLOYER'S CERTIFICATION		
<p>We certify that the information herein stated is true and correct; that we shall be responsible for all the information provided by our Authorized User/s to Pag-IBIG Fund; that we consent to the disapproval or cancellation of our enrolment, and/or termination of our access to the facility in case of falsification, misrepresentation or any similar acts committed by our Authorized User/s.</p>		
_____ Authorized Signatory (Signature Over Printed Name)	_____ Designation	_____ Date

FOR Pag-IBIG Fund USE ONLY		
Approved by:		
_____ Authorized Signatory (Signature Over Printed Name)	_____ Position/Designation	_____ Date