



## EMPLOYER'S VIRTUAL Pag-IBIG ENROLLMENT FORM

Pag-IBIG EMPLOYER ID NUMBER

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<b>*EMPLOYER/BUSINESS NAME</b>	<b>*BUSINESS TAXPAYER IDENTIFICATION NO.</b>																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				

ADDRESS AND CONTACT DETAILS			
<b>EMPLOYER/BUSINESS ADDRESS</b>		AREA CODE	TELEPHONE NUMBER
Unit/Room No., Floor	Building Name	Business (Direct Line)	
Lot No, Block No., Phase No. House No	Street Name	<input style="width: 80px;" type="text"/>	<input style="width: 180px;" type="text"/>
Subdivision	Barangay	Business (Fax)	
Municipality/City	Province	<input style="width: 80px;" type="text"/>	<input style="width: 180px;" type="text"/>
ZIP Code		Business (Trunk Line)                      Local	
		<input style="width: 40px;" type="text"/>	<input style="width: 80px;" type="text"/>
		Cell Phone	
		<input style="width: 180px;" type="text"/>	
		Business Email Address	
		<input style="width: 180px;" type="text"/>	

AUTHORIZED APPROVING OFFICER		
Name (Last Name, First Name, M.I)	Official Designation	Department

EMPLOYER'S CERTIFICATION			
<p>I hereby designate the aforementioned as the Authorized Approving Officer for the Short-Term Loan (STL) application of our concerned employees. Further, I certify that the information given and all statements made herein are true and correct.</p>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;"> <p>_____ HEAD OF OFFICE/AUTHORIZED SIGNATORY <i>(Signature over Printed Name)</i></p> </td> <td style="width: 30%; border: none;"> <p>_____ DESIGNATION/POSITION</p> </td> <td style="width: 30%; border: none;"> <p>_____ DATE</p> </td> </tr> </table>	<p>_____ HEAD OF OFFICE/AUTHORIZED SIGNATORY <i>(Signature over Printed Name)</i></p>	<p>_____ DESIGNATION/POSITION</p>	<p>_____ DATE</p>
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FOR Pag-IBIG FUND USE ONLY		
RECEIVED BY:	DATE:	REMARKS:
APPROVED/DISAPPROVED BY:	DATE:	REMARKS:

- | CHECKLIST OF REQUIREMENTS  |
|--|
| <ol style="list-style-type: none"> <li>1. Employer's Virtual Pag-IBIG Enrollment Form (HQP-PFF-372) (1 Original)</li> <li>2. Valid ID of Agency Authorized Officer (1 Photocopy, 1 Original)</li> <li>3. Valid ID of Head of Agency or Authorized Signatory (1 Photocopy, 1 Original)</li> </ol> |

## GUIDELINES AND INSTRUCTIONS

### I. INSTRUCTIONS

1. Accomplish this form in one (1) copy.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. On the "CONTACT DETAILS" portion, indicate available contact information.
4. Submit duly accomplished form and required supporting documents based on the Checklist of Requirements.

### II. QUALIFICATIONS

The Authorized Approving Officer:

1. Must be a regular employee of the company with sufficient discretion from Human Resource Department.
2. Has access to the payroll data, specifically on the paying capacity of the employees of the agency.
3. Has access to service records of employees of the agency.
4. Have an active official company email account.

### III. DUTIES AND RESPONSIBILITIES

The designated Authorized Approving Officer shall:

1. Verify and confirm the employment status of the member-applicant as follows:
  - That the member-applicant is in active service in his/her agency/company and not on-leave of absence without pay.
  - That the member-applicant has no pending administrative and/or criminal case/s.
  - That the member-applicant is not separated or retired or deceased.
2. Ensure correctness and completeness of the data indicated in the online Short-Term Loan (STL) application.
3. Provide the Gross Monthly Income and Net Take Home Pay (NTHP) of the member-applicant and ensure that the same is sufficient to cover the regular monthly amortization of the loan applied for.
4. Confirm and submit employees online STL application in the system.

### IV. OTHERS

1. The designated Authorized Approving Authority for the employer's Virtual Pag-IBIG account must be among the approving/signing authority of the company/agency as reflected in the submitted Specimen Signature Form (SSF, HQP-PFF-003) of the employer.
2. In case there is/are changes/additional/replacement of the Authorized Approving Authority, the concerned employer must advise the concerned Pag-IBIG Branch and submit an updated SSF.