



Pag-IBIG LOYALTY CARD PLUS ACCOUNT HOLDER'S CONTACT DETAILS CHANGE REQUEST FORM

HQP-PFF-378
(V01, 03/2021)

INSTRUCTIONS:

1. This form shall be accomplished in two (2) copies.
2. Print all applicable entries in BLOCK/CAPITAL LETTERS.
3. Submit duly accomplished form and photocopy of the Pag-IBIG Loyalty Card Plus (*front portion of the card only*) to any Pag-IBIG Fund Branch nearest you.

LAST NAME	FIRST NAME	NAME EXTENSION (e.g., Jr., II)	MIDDLE NAME	Pag-IBIG MID NUMBER
REASON FOR CHANGE/UPDATING CONTACT DETAILS				BANK

PLEASE ACCOMPLISH THE PORTION TO BE CHANGED/UPDATED ONLY. (Indicate N/A if not applicable.)

FROM		TO	
<i>(Indicate country code if abroad)</i> COUNTRY + AREA CODE + TELEPHONE NUMBER		<i>(Indicate country code if abroad)</i> COUNTRY + AREA CODE + TELEPHONE NUMBER	
Home	<input type="text"/>	Home	<input type="text"/>
Cell Phone	<input type="text"/>	Cell Phone	<input type="text"/>
Business (Direct Line)	<input type="text"/>	Business (Direct Line)	<input type="text"/>
Business (Trunk Line)	<input type="text"/>	Business (Trunk Line)	<input type="text"/>
Email Address:	<input type="text"/>	Email Address:	<input type="text"/>

CERTIFICATION

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing, (c) access, (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

Signature over Printed Name of Member

Date

THIS PORTION IS FOR Pag-IBIG USE ONLY

RECEIVED BY:	DATE:	APPROVED BY:	DATE:
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THIS FORM CAN BE REPRODUCED. NOT FOR SALE.



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