



EMPLOYER'S CHANGE OF INFORMATION FORM (ECIF)

Pag-IBIG EMPLOYER'S ID NUMBER									

INSTRUCTIONS

- This form shall be accomplished in two (2) copies.
- Accomplish the applicable portions to be changed only.
- Type or print all entries in BLOCK/CAPITAL LETTERS.
- Submit duly accomplished form together with the required supporting documents to Pag-IBIG NCR/Regional Branch.

REQUIREMENTS

- For change/correction of Employer/Business Name, submit certified true copy of the following, whichever is applicable:
 - Single Proprietorship
 - Certificate of Registration from DTI; or
 - Business/Mayor's Permit
 - Partnership/Corporation
 - Certificate of Registration from Securities & Exchange Commission (SEC); or
 - Amended Articles of Partnership/Incorporation
 - Cooperative/Trade Association
 - CDA Certificate (For Cooperative)
 - SEC Certificate of Incorporation (For Trade Association)
- For change of Legal Personality, submit certified true copy of the following:
 - Single Proprietorship to Corporation
 - Certificate of Registration from Securities & Exchange Commission (SEC);
 - Articles of Incorporation; and
 - Certificate of Cancellation as Single Proprietorship
 - Partnership to Corporation
 - Articles of Incorporation; and
 - Deed of Dissolution of Partnership
 - Other Documents

HDMF reserves the right to request for additional supporting documents.
- For change of Authorized Representative, submit Specimen Signature Form (SSF, [FPF170]) and certified true copy of the following:
 - Board Resolution
 - Secretary's Certificate

CHECK APPROPRIATE BOX ONLY

- | | |
|--|---|
| <input type="checkbox"/> 1. CHANGE/CORRECTION OF EMPLOYER/BUSINESS NAME | <input type="checkbox"/> 3. CHANGE OF LEGAL PERSONALITY |
| <input type="checkbox"/> 2. CHANGE/CORRECTION OF ADDRESS/CONTACT DETAILS | <input type="checkbox"/> 4. CHANGE OF AUTHORIZED REPRESENTATIVE |

EMPLOYER/BUSINESS NAME

1. CHANGE/CORRECTION OF EMPLOYER/BUSINESS NAME

FROM	TO
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2. CHANGE/CORRECTION OF EMPLOYER'S ADDRESS/CONTACT DETAILS *(Please accomplish portions to be changed only)*

Unit/Room No., Floor	Building Name	COUNTRY+AREA CODE	TELEPHONE NUMBER
Lot No.	Block No.	Phase No.	House No.
Street Name	Subdivision	Barangay	Municipality/City
Province	ZIP Code	Business (Direct Line)	
		Business (Fax)	
		Business (Trunkline)	Local
Email Address			

3. CHANGE OF LEGAL PERSONALITY

FROM	TO
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4. CHANGE OF AUTHORIZED REPRESENTATIVE *(Use separate sheet if necessary)*

FROM	TO		
Name	Official Designation	Name	Official Designation
Name	Official Designation	Name	Official Designation
Name	Official Designation	Name	Official Designation

CERTIFICATION

I HEREBY CERTIFY 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.

 HEAD OF OFFICE OR AUTHORIZED REPRESENTATIVE
(Signature Over Printed Name)

 DESIGNATION/POSITION

 DATE

FOR HDMF USE ONLY

DOCUMENTS SUBMITTED	RECEIVED BY	DATE	APPROVED BY	DATE
<input type="checkbox"/> DTI/SEC Registration <input type="checkbox"/> Business/Mayor's Permit <input type="checkbox"/> Amended Articles of Partnership/Incorporation/Cooperation <input type="checkbox"/> Board Resolution	<input type="checkbox"/> CDA Certificate <input type="checkbox"/> SEC Certificate of Incorporation <input type="checkbox"/> Secretary's Certificate <input type="checkbox"/> Specimen Signature Form (SSF) <input type="checkbox"/> Others <i>(Please specify)</i>			