



# EMPLOYER'S DATA FORM (EDF)

FOR HDMF USE ONLY	
Pag-IBIG EMPLOYER'S ID NUMBER	<input type="text"/>
REGISTRATION TRACKING NUMBER	<input type="text"/>

### INSTRUCTIONS

1. Accomplish this form in two (2) copies.
2. Type or print all entries in BLOCK and CAPITAL LETTERS.
3. On the "CONTACT DETAILS" portion, indicate at least one (1) contact number.
4. On the "INDUSTRY" portion, indicate industry based on the provided List of Industry.
5. Submit duly accomplished form and presents required supporting documents based on the Employer's Registration Checklist of Requirements (HQP-PFF-001).

EMPLOYER/BUSINESS NAME

EMPLOYER/BUSINESS ADDRESS		CONTACT DETAILS
Unit/Room No., Floor	Building Name	COUNTRY + AREA CODE TELEPHONE NUMBER Business (Direct Line)
Lot No. Block No. Phase No. House No.	Street Name	<input type="text"/>
Subdivision	Barangay	Business (Fax)
Municipality/City		<input type="text"/>
Province	ZIP Code	Business (Trunkline) Local
		<input type="text"/>
		Cell Phone Number
		<input type="text"/>
		Business Email Address
		<input type="text"/>

EMPLOYER/BUSINESS DETAILS			
START OF BUSINESS OPERATION <input type="text"/>	INDUSTRY	WITH RETIREMENT PLAN <input type="checkbox"/> Yes <input type="checkbox"/> No	PHILIPPINE BUSINESS REGISTRY No.
BRANCH/OFFICE <input type="checkbox"/> Head Office <input type="checkbox"/> Branch (Please Specify) _____	TYPE OF EMPLOYER <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Household	SEC REGISTRATION/ CDA CERTIFICATE No.	DATE OF ISSUANCE
For Private Employers LEGAL PERSONALITY <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Cooperative/Trade Association <input type="checkbox"/> Partnership <input type="checkbox"/> Foreign-owned Corporation <input type="checkbox"/> Corporation	NATURE OF BUSINESS	TAXPAYERS IDENTIFICATION NUMBER (TIN)	
For Government Employers CLASSIFICATION <input type="checkbox"/> National Government <input type="checkbox"/> Constitutional Office <input type="checkbox"/> Local Government Unit (LGU) <input type="checkbox"/> Government-Owned and Controlled Corporation (GOCC)/Government Financial Institution (GFI)		For Private Employers SSS No.	
PREVIOUS EMPLOYER/BUSINESS NAME (If applicable)		Date of Registration m m d d y y y y	
		For Government Employers GSIS BUSINESS PARTNER No.	
		AGENCY/BRANCH/DIVISION CODE	

### 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/Authorized Representative  
(Signature over Printed Name)

\_\_\_\_\_  
Designation/Position

\_\_\_\_\_  
Date

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RECEIVED BY	DATE	APPROVED BY	DATE
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