



SPECIMEN SIGNATURE FORM

EMPLOYER/BUSINESS NAME	
EMPLOYER/BUSINESS ADDRESS	CONTACT NUMBER/S

TO: The Home Development Mutual Fund

The following are hereby authorized to certify and/or sign documents in all business transactions of our company/business with the Fund:

NAME	OFFICIAL DESIGNATION	SIGNATURE	INITIAL

PERSON GRANTING AUTHORITY	DATE AUTHORITY GRANTED
SIGNATURE OVER PRINTED NAME _____ DESIGNATION/POSITION _____	

INSTRUCTIONS

1. Accomplish **this form** in two (2) copies.
2. Type or print all entries in BLOCK and CAPITAL LETTERS.
3. The official granting the authority to sign documents should be the **Head of Office or Authorized Representative** higher in rank than those given authority, **whichever is applicable**.
4. Should there be any revocation of the authority of the officials named in this form, secure and **submit duly accomplished Employer's Change of Information Form (ECIF) and new Specimen Signature Form** to any Pag-IBIG NCR/Regional branch.

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

Revised 10/2011