SIGNATURE OF BIDDER

OVER PRINTED NAME

Ra	OFFER TO BID
	Date
To: <b>Pac</b>	IBIG FUND COMMITTEE ON DISPOSITION OF ACQUIRED ASSETS
	to your " <b>INVITATION TO BID</b> " on sale of acquired properties published in the newspaper/Pag-IBIG Fund
website I/We he	o be held on at, eby submit my/our bid offer, subject to the terms and conditions stated in the Invitation to Bid and the es Implementing the Sale of Pag-IBIG Fund Acquired Assets Program:
	Location of the Property:
••	Property Number:
2.	Bid Offer:
	(P)
3.	Bid Bond (5% of Bid Offer):
	(P)
4.	Mode of Payment for the Remaining Balance of Bid Offer:
	☐ Cash (to pay within 30 days from signing of Deed of Conditional Sale)
	☐ Short-Term Installment (to pay within months) (maximum of 12 months)
appeari the	and I/We investigate and inspect the said property/ies before tendering this offer to bid. The signature g below is genuine. Further, I/We hereby agree of the following:  To purchase the property/ies on "As Is, Where Is" basis on which I/We accept the physical condition of property/ies including whether it is occupied or not. That whatever fees and dues pertaining to the perty/ies shall be for the account of the me/us;
	To hold Pag-IBIG Fund free and harmless from liabilities of whatever kind and nature arising out of any claims which may be filed by third persons involving the property/ies;
bido dee	That I/We enclose my/our CASH payment/s or MANAGER's CHECK payable to the Pag-IBIG FUND, as er's bond in the amount at least 5% of the bid offer. The said deposit shall be returned if my/our proposal is ned unsuccessful, or applied as part of the payment if my/our bid is declared as winning bid by the Pag-FUND.
	That Pag-IBIG Fund has no commitment and makes no guaranty to approve the offer, as it is understood subject to final approval by Pag-IBIG Fund's approving authorities.
	That should my/our application be approved, notarial and all other fees pertaining to the purchase of the erty/ies shall be for my/our account.
	That any notification posted on website and/or sent by Pag-IBIG Fund through email or SMS shall be ient compliance to the notification requirement and presumed to be deemed and received.
my/our my/our necess Act of 2	I/We hereby agree and consent to the collection, generation, use, processing, storage and retention of ersonal information for the purpose/s of acquiring a Pag-IBIG Fund acquired asset/s. I/We understand that personal information will be shared with other government agencies and to third parties as may be ry, for the use of which shall be governed by the Republic Act No. 10173 also known as the "Data Privacy 12" and its implementing rules and regulations, I/We promise to notify Pag-IBIG Fund should there be any ent or changes in my/our personal information indicated herein.

SIGNATURE OF AUTHORIZED

REPRESENTATIVE OVER PRINTED NAME (IF ANY)

DATE

## Company/Organization Information (Please write in BLOCK LETTERS):

NAME OF COMPA	NY/ORGANIZAT	DATE ESTABLISHED  m m d d y y y y y					
TRADE NAME (IF A	ANY)	DATE OF INITIAL OPERATION					
TYPE OF ORGANI  Sole Proprietors Partnership  NATURE OF BUSI	hip Corpora	m m d d y y y y  CONTACT DETAILS (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NO. Cellphone No.					
Pag-IBIG EMPLOY	ÆR NO.		TAX IDENTIFICATION	NUMBER (TIN)	Telephone. No.		
OFFICE ADDRESS Unit/Room No., Floor	Building Nan	Email Address					
Subdivision Barangay Municipality/City Province and State Country (if abroad) ZIP Code							
NAME OF KEY O	FFICERS (Pleas	POSITION					
NAME OF AFFII	LIATED COMPA BUSINESSES th separate she	NATURE OF BUSINESS					
Authorized Representative Information (Please write in BLOCK LETTERS):  (Note: Authorized Representatives must be armed with an SPA / Secretary's Certificate when transacting with Pag-IBIG Fund)							
NAME OF AUTHOR Last Name	IZED REPRESE First Name	DATE OF BIRTH  m m d d y y y y y					
FORMER OWNER	Pag-IBIG MEM				CITIZENSHIP		
☐ Yes ☐ No	□ Yes □ No	☐ Male	Ü	ed Widow/er Annulled Legally Separated			
Pag-IBIG MID NUME	BER/RTN	SSS/GSIS ID N	10.	TAXPAYERS ID NO. (TIN)	COMMON REFERENCE NO. (CRN)		
PERMANENT HOMI Unit/Room No., Floor	E ADDRESS Building Nam	CONTACT DETAILS (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NO. Cellphone No.					
Subdivision	Ceripitole No.						
PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. or House No. Street Name Home Tel. No.							
Subdivision	Barangay	Employer/Business Tel. No.					
EMPLOYER/BUSINESS NAME  Personal Email Address							
EMPLOYER/BUSINI Unit/Room No., Floor	ESS ADDRESS Building Name	PREFERRED MAILING ADDRESS					
Subdivision Barangay Municipality/City Province and State Country (if abroad) ZIP Code ☐ Present Home Address ☐ Employer/Business Address ☐ Permanent Home Address							
THIS PORTION IS FOR Pag-IBIG FUND USE ONLY							
Reviewed by	Date	F	Remarks				
Noted by Committee on Disposition of Acquired Assets							