

REQUEST FORM TO AVAIL OF Pag-IBIG FUND SPECIAL HOUSING LOAN RESTRUCTURING II PROGRAM

_____ Date

To: Pag-IBIG Fund

Please be informed that I/we will avail of the Pag-IBIG Fund Special Housing Loan Restructuring II Program for my/our housing loan account with Housing Account No. _____.

Preferred amount of monthly amortization/installment:

- I/we prefer to pay the same monthly amortization/installment as my Original Loan/Amount Payable
- I/we prefer to pay the computed monthly amortization/installment based on restructured loan amount with the same loan term
- I/we prefer to pay the computed monthly amortization/installment based on restructured loan amount with extended loan term

Will pay downpayment? (Optional)

- No
- Yes, I/we will pay downpayment to be treated as:
 - Advance to Principal Future Amortization

I/we understand the terms, policies, rules, and regulations of Circular No. 453, the Guidelines on the Pag-IBIG Fund Special Housing Loan Restructuring II Program.

I/we am aware that I/we must be an active member of Pag-IBIG Fund and I/we will be required to pay advance insurance premiums within thirty (30) calendar days from date of application. I/we agree that if I/we fail to pay the required insurance premiums within the prescribed period, any payment I/we made after the computation of the restructured amount shall be applied first to the required insurance premiums.

I/we also understand that any unpaid balances and obligation will be paid at the end of term of the Restructured Loan.

I/we hereby consent Pag-IBIG Fund to collect, record, organize, update or modify, retrieve, consult, use, consolidate, block, erase or destruct my/our personal data as part of my/our information to establish correctness, validity, and authenticity of documents that would help facilitate the processing and evaluation of my/our request.

I/we am/are hoping for your consideration on the matter. Thank you.

Very Truly yours,

Signature over Printed Name of Borrower/Representative

Pag-IBIG MID No. _____
 Date of Birth: _____
 Contact Number/s: _____
 E-mail address: _____
 Name of Employer: _____

| FOR PAG-IBIG FUND USE ONLY | |
|---|---|
| VALID ID Presented: | |
| Received by: _____ (Signature of Pag-IBIG Fund's Account Officer over Printed Name) Date: _____ Time: _____ | Remarks: _____ _____ |



| ACKNOWLEDGEMENT RECEIPT | |
|---|---|
| Name of Borrower: (Last Name, First Name, Name Extension, Middle Name) | Housing Account No. |
| VALID ID Presented: | |
| Received by: _____ (Signature of Pag-IBIG Fund's Account Officer over Printed Name) Date: _____ Time: _____ | Remarks: _____ _____ |