



EMPLOYER'S DATA FORM (EDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG EMPLOYER ID NUMBER	
REGISTRATION TRACKING NUMBER	

INSTRUCTIONS

1. Accomplish this form in one (1) copy.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. On the "CONTACT DETAILS" portion, indicate available contact information.
4. All fields which are marked with asterisk (*) are mandatory.
5. On the "INDUSTRY" portion, indicate industry based on the List of Industry at the back of the form.
6. Submit duly accomplished form and present required supporting documents based on the Checklist of Requirements found at the back of the form.

*EMPLOYER/BUSINESS NAME																									
ADDRESS AND CONTACT DETAILS																									
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor			AREA CODE TELEPHONE NUMBER																						
Building Name			Business (Direct Line)																						
Lot No., Block No., Phase No. House No			Business (Fax)																						
Street Name			Business (Trunk Line) Local																						
Subdivision			Cell Phone																						
Barangay			Business Email Address																						
Municipality/City																									
Province			ZIP Code																						
EMPLOYER/BUSINESS DETAILS																									
START OF BUSINESS OPERATION		*INDUSTRY	*WITH RETIREMENT PLAN	PHILIPPINE BUSINESS REGISTRY No.	DATE OF ISSUANCE																				
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m	m	d	d	y	y	y	y																		
*BRANCH/OFFICE		*TYPE OF EMPLOYER		DTI/SEC/CDA REGISTRATION CERTIFICATE No.	DATE OF ISSUANCE																				
<input type="checkbox"/> Head Office <input type="checkbox"/> Branch (Please Specify) _____		<input type="checkbox"/> Private <input type="checkbox"/> Government																							
For Private Employers *LEGAL PERSONALITY		<input type="checkbox"/> Cooperative/Trade Association <input type="checkbox"/> Foreign-owned Corporation		*TAXPAYER IDENTIFICATION NUMBER (TIN)																					
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation				For Private Employers SSS Employer Number																					
For Government Employers *CLASSIFICATION		<input type="checkbox"/> Constitutional Office <input type="checkbox"/> Government-Owned and Controlled Corporation (GOCC)/ Government Financial Institution (GFI)		Date of Registration																					
<input type="checkbox"/> National Government <input type="checkbox"/> Local Government Unit (LGU)				<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td><td></td><td></td> </tr> </table>												m	m	d	d	y	y	y	y		
m	m	d	d	y	y	y	y																		
PREVIOUS EMPLOYER/BUSINESS NAME (If applicable)				For Government Employers GSIS BUSINESS PARTNER No.																					
				AGENCY/BRANCH/DIVISION CODE																					

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

*Head of Office/Authorized Signatory
(Signature over Printed Name)

*Designation/Position

Date

FOR Pag-IBIG FUND USE ONLY			
RECEIVED BY	DATE	APPROVED BY	DATE
_____	_____	_____	_____

LIST OF INDUSTRY

- Agriculture, Forestry and Fishing
- Mining and Quarrying
- Manufacturing
- Electricity, Gas, Steam and Air Conditioning Supply
- Water Supply; Sewerage, Waste Management and Remediation Activities
- Construction
- Wholesale and Retail Trade; Repair of Motor Vehicles and Motorcycles
- Transportation and Storage
- Accommodation and Food Service Activities
- Information and Communication
- Financial and Insurance Activities
- Real Estate Activities
- Professional, Scientific and Technical Activities
- Administrative and Support Service Activities
- Public Administration and Defense; Compulsory Social Security
- Education
- Human Health and Social Work Activities
- Arts, Entertainment and Recreation
- Other Service Activities
- Activities of Households as Employers; Undifferentiated Goods-and-Services-Producing Activities of Households for Own Use
- Activities of Extra-Territorial Organizations and Bodies

CHECKLIST OF REQUIREMENTS

1. Employer's Data Form (EDF [HQP-PFF-002])
2. Specimen Signature Form (SSF [HQP-PFF-003])
3. Present the following as proof of business existence:
 - SSS Certification (if already registered with SSS)
 - Business Permit/Mayor's Permit

For Sole Proprietorship

 - Department of Trade and Industry (DTI) Certificate of Registration

For Partnership/Corporation/Foreign-Owned Corporation

 - Securities and Exchange Commission (SEC) Certificate of Partnership/Incorporation
 - Approved Articles of Partnership/Incorporation and By-Laws
 - Board Resolution concerning Authorized Signatory/ies

For Cooperative

 - Cooperative Development Authority (CDA) Certificate
 - Approved Articles of Cooperation

For Trade Association

 - Securities and Exchange Commission (SEC) Certificate of Incorporation
 - Articles of Incorporation and By-Laws