



EMPLOYER'S DATA FORM (EDF)

FOR Pag-IBIG Fund USE ONLY																					
Pag-IBIG EMPLOYER ID NUMBER																					
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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		Building Name	AREA CODE	TELEPHONE NUMBER
Lot No., Block No., Phase No. House No		Street Name	Business (Direct Line)	
Subdivision		Barangay	Business (Fax)	
Municipality/City			Business (Trunk Line) Local	
Province		ZIP Code	Cell Phone	
			Business Email Address	

EMPLOYER/BUSINESS DETAILS

START OF BUSINESS OPERATION <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><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><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					m	m	d	d	y	y	y	y													DTI/SEC/CDA REGISTRATION CERTIFICATE No.	DATE OF ISSUANCE	*INDUSTRY
m	m	d	d	y	y	y	y																																				
*BRANCH/OFFICE <input type="checkbox"/> Head Office <input type="checkbox"/> Branch (Please Specify) _____	*TYPE OF EMPLOYER <input type="checkbox"/> Private <input type="checkbox"/> Government	*BUSINESS TAXPAYER IDENTIFICATION NUMBER (TIN)																																									
For Private Employers *LEGAL PERSONALITY <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative/Trade Association <input type="checkbox"/> Foreign-owned Corporation	For Private Employers SSS Employer Number																																									
For Government Employers *CLASSIFICATION <input type="checkbox"/> National Government <input type="checkbox"/> Local Government Unit (LGU) <input type="checkbox"/> Constitutional Office	<input type="checkbox"/> Government-Owned and Controlled Corporation (GOCC)/Government Financial Institution (GFI)	Date of Registration <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><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><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						m	m	d	d	y	y	y	y												
m	m	d	d	y	y	y	y																																				
		For Government Employers GSIS Business Number																																									
		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:

 BRANCH/UNIT

 DATE AND TIME

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]) (1 Original)
2. Present the following as proof of business existence:
 - For Sole Proprietorship
 - Department of Trade and Industry (DTI) Certificate of Registration (1 Certified True Copy)
 - For Partnership/Corporation/Foreign-Owned Corporation
 - Securities and Exchange Commission (SEC) Certificate of Partnership/Incorporation (1 Certified True Copy)
 - Approved Articles of Partnership/Incorporation and By-Laws (1 Certified True Copy)
 - For Cooperative
 - Cooperative Development Authority (CDA) Certificate (1 Certified True Copy)
 - Approved Articles of Cooperation (1 Certified True Copy)
 - For Trade Association
 - Securities and Exchange Commission (SEC) Certificate of Incorporation (1 Certified True Copy)
 - Approved Articles of Incorporation and By-Laws (1 Certified True Copy)