



APPLICATION FOR PENALTY CONDONATION UNDER R.A. 9679

(For Unregistered/Delinquent Employer)

EMPLOYER/BUSINESS NAME		Pag-IBIG EMPLOYER ID No./ REGISTRATION TRACKING NUMBER																					
EMPLOYER/BUSINESS ADDRESS		DATE FILED																					
DATE OF REGISTRATION WITH CONCERNED AGENCIES (SEC/DTI/CDA)	PAYMENT SCHEME <input type="checkbox"/> FULL PAYMENT <input type="checkbox"/> PLAN OF PAYMENT	START OF BUSINESS OPERATION <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; background-color: #cccccc;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; background-color: #cccccc;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td><i>m</i></td> <td><i>m</i></td> <td><i>d</i></td> <td><i>d</i></td> <td><i>y</i></td> <td><i>y</i></td> <td><i>y</i></td> <td><i>y</i></td> <td></td> <td></td> </tr> </table>												<i>m</i>	<i>m</i>	<i>d</i>	<i>d</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>		
<i>m</i>	<i>m</i>	<i>d</i>	<i>d</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>																
REASON/S FOR FAILURE TO REGISTER COVERED EMPLOYEES AND/OR REMIT THE REQUIRED MEMBERSHIP SAVINGS		TELEPHONE NUMBER																					
		WITH PREVIOUS AVAILMENT OF PENALTY DISCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO																					

APPLICATION AGREEMENT

I hereby certify that I have read and understood the contents hereof, including the guidelines and instructions indicated at the back portion of this form. I further certify that all information I have indicated herein and statements declared in the payroll, remittance form and other documents submitted to the Fund are true and correct to the best of my knowledge and belief, and that my signature appearing herein is genuine and authentic.

I shall abide with the applicable Guidelines on penalty condonation, and those that the Pag-IBIG Fund may promulgate from time to time. In case of non-compliance with said Guidelines, or in case of any misrepresentation or falsification in my application and/or documents submitted, I understand that the Pag-IBIG Fund shall automatically disapprove my application, forfeit its approval, and/or terminate the Plan of Payment. Thereupon, I shall be liable to pay the total Membership Savings (MS) arrearages, the deprived dividends, and the penalties. Further, I shall continue to incur penalties on unremitted MS, and shall be criminally liable for violation of Republic Act No. 9679 and other relevant laws.

HEAD OF OFFICE/AUTHORIZED REPRESENTATIVE
(Signature over Printed Name)

Designation/Position

Date

THIS PORTION IS FOR Pag-IBIG FUND USE ONLY

RECEIVED BY	REMARKS	DATE
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COMPUTATION OF TOTAL PROVIDENT OBLIGATION

DETAILS	AMOUNT	COMPUTED BY	DATE
PERIOD COVERED (From _____ To _____)			
TOTAL UNREMITTED MS ARREARAGES (ER SHARE)		REVIEWED BY	DATE
DEPRIVED DIVIDENDS			
LESS: TOTAL PENALTIES CONDONED		APPROVED BY	DATE
TOTAL			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

GUIDELINES AND INSTRUCTIONS

A. Who May File

Any unregistered/delinquent registered employer who satisfies the following requirements:

1. The employer who have coverable employees from whom they did not collect monthly savings from.
2. Employers with ongoing plan of payment under Circular No. 339, or the "Guidelines Implementing the Collection of Provident Obligations of Delinquent and Unregistered Employers" may apply under this program but for the unpaid penalties only.

B. How to File

The applicant shall:

1. Secure and accomplish the Application for Penalty Condonation under R.A. 9679 (For Unregistered/Delinquent Employer) (HQP-PFF-004) from the Pag-IBIG Branch. The application form may be downloaded from the Pag-IBIG Fund website at www.pagibigfund.gov.ph.
2. Submit complete application and required documents (*refer to Checklist of Requirements below*) to Pag-IBIG Branch maintaining your account.

C. Period of Availment for Penalty Condonation

1. Eligible employers may avail of this program beginning **14 August 2018 until 13 August 2019**.
2. Applications must be filed not later than **13 August 2019**.
3. Only applications with complete documents shall be accepted and processed.

D. Mechanics

1. Full penalty condonation on MS arrearages shall be extended to all qualified employers either by full payment of the employer counterpart savings and the deprived dividends, or through a Plan of Payment. Full payment shall be made within thirty (30) days from the approval of the application for penalty condonation, otherwise the approval shall be forfeited.
2. An employer who signified intent to pay in full but later on opted for a plan of payment may submit his plan of payment not later than 25th day from the date of approval of application for penalty condonation. Otherwise, said approval shall be forfeited.
3. Upon application for penalty condonation, employers are required to remit savings (EE and ER) of current employees for the current remittance period and every month thereafter. Otherwise, the corresponding penalty charges shall apply.

E. Plan of Payment

1. If full remittance cannot be made, an employer may submit a plan of payment within seven (7) days from approval of application for penalty condonation. Said plan of payment shall be subject to the Fund's approval.
2. Eligible employers with an approved plan of payment shall be granted full condonation of penalties. However, in case of failure to comply with said plan of payment, all of their penalties shall be re-imposed.
3. The plan of payment shall be repaid over a maximum period of two (2) years.
4. The plan of payment shall be charged with an interest of 0.50% per month.
5. Payment shall start exactly one month after the date of approval of application for penalty condonation, which shall be the due date under the plan of payment.
6. The employer shall issue the corresponding number of post-dated checks (PDCs) to cover the approved plan of payment.
7. Should the employer fail to pay the amount due under the approved plan of payment, all of their penalties shall be re-imposed. Further, appropriate civil and/or criminal actions shall be filed against the delinquent employer.

F. Other Provisions

1. For employers who availed plan of payment under Circular No. 339, the penalties already paid by said employers shall not be refunded upon availment of this program.
2. Eligible employers who fail to avail of this program shall continue to incur penalties on their unremitted savings and shall be held criminally liable and prosecuted in accordance with the penal provisions of R.A. 9679.

CHECKLIST OF REQUIREMENTS

IMPORTANT

1. **Pag-IBIG FUND RESERVES THE RIGHT TO REQUEST ADDITIONAL DOCUMENTS. THE PROCESSING OF PENALTY CONDONATION SHALL COMMENCE ONLY UPON SUBMISSION OF COMPLETE DOCUMENTS.**
2. **IN ALL INSTANCES WHEREIN PHOTOCOPIES ARE SUBMITTED, THE ORIGINAL DOCUMENT MUST BE PRESENTED FOR AUTHENTICATION.**

BASIC REQUIREMENTS

1. Application for Penalty Condonation under R.A. 9679 (For Unregistered/Delinquent Employers) (HQP-PFF-004)
2. Membership Savings Remittance Form (MSRF, HQP-PFF-053) in softcopy
3. Payroll for applicable period or SSS R-3 (Photocopy)
4. If filing thru Authorized Representative, submit the following:
 - a) For Sole Proprietorship and Partnership
 - Special Power of Attorney (SPA)
 - b) For Corporation
 - Notarized Board Resolution/Secretary's Certificate designating the Representative to transact/negotiate with the Fund and to execute/sign documents submitted
 - c) Photocopy of at least one (1) valid ID card with photo and signature of Authorized Representative.

ADDITIONAL REQUIREMENTS

For Unregistered Employer

1. Employer's Data Form (EDF, HQP-PFF-002) reflecting Pag-IBIG Employer ID No./Registration Tracking Number (RTN)
2. Certified true copy of applicable proof of business existence:
 - Business Permit/Mayor's Permit
 - Department of Trade and Industry (DTI) Certificate of Registration (For Sole Proprietorship)
 - Securities and Exchange Commission (SEC) Certificate of Partnership/Incorporation (For Partnership/Corporation/Foreign-Owned Corporation/Trade Association)
 - Cooperative Development Authority (CDA) Certificate (For Cooperative)