



REQUEST FOR CONSOLIDATION/MERGING OF MEMBER'S RECORDS (RCMMR)

HQP-PFF-093
(V05, 07/2022)

INSTRUCTIONS:

1. Submit the duly accomplished Request for Consolidation/Merging of Member's Record (RCMMR, HQP-PFF-093) together with photocopy of one (1) valid ID to any Pag-IBIG Fund Branch.
2. If through authorized representative, submit RCMMR, authorization letter and valid ID of both parties.

MEMBER'S INFORMATION			
Pag-IBIG MID No.	:	_____	
Member's Name	:	_____	
		<i>Last Name</i>	<i>First Name</i>
		<i>Name Extension (e.g. Jr., II)</i>	<i>Middle Name</i>
Date of Birth	:	_____	
Marital Status	:	<input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated <input type="checkbox"/> Annulled	
Contact No.	:	_____	
Email Address	:	_____	
PRESENT EMPLOYER INFORMATION			
Employer/Business Name	:	_____	
Employer/Business Address	:	_____	
Employer/Business Contact No.	:	_____	
Purpose of Consolidation/Merging	:	<input type="checkbox"/> Short-Term Loan (STL) Application <input type="checkbox"/> Provident Benefits Claim (PBC) Application <input type="checkbox"/> Others, <i>please specify</i> _____	

	Previous Employer/Business Name	Previous Employer/Business Address	Inclusive Date(s)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

REQUESTED BY _____ _____
Signature Of Applicant Over Printed Name *Date*

THIS PORTION IS FOR PAG-IBIG FUND USE ONLY

REQUESTING PAG-IBIG FUND BRANCH: _____

RECEIVED BY: _____ <i>Signature Over Printed Name</i> Date: _____	PROCESSED BY: _____ <i>Signature Over Printed Name</i> Date: _____	APPROVED/DISAPPROVED BY: _____ <i>Signature Over Printed Name</i> Date: _____
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REMARKS:

