

EMPLOYER'S CHANGE OF INFORMATION FORM (ECIF)

	(V04, 01/2019)												
Pag-IBIG EMPLOYER'S ID NUMBER													

INSTRUCTIONS

- 1. This form shall be accomplished in one (1) copy). Accomplish the applicable portions to be
- changed/corrected only.

 Type or print all entries in BLOCK/CAPITAL LETTERS.

 Submit duly accomplished form together with
- required supporting documents to any Pag-IBIG Branch nearest you.

 Note: Please submit photocopy of the documents
 - depending on the information to be changed. The Certified True Copy of the said documents shall be

Change/correction of Employer/Business Name and/or Address

- A. For Single Proprietorship
 Amended DTI Certificate
- Business/Mayor's Permit
 B. For Partnership/Corporation
- Amended SEC Certificate
- Amended Articles of Partnership/Incorporation
 C. For Cooperative/Trade Association

 - CDA Certificate (For Cooperative)
 Amended SEC Certificate of Incorporation (For

REQUIREMENTS

2. Change of Legal Personality

- Single Proprietorship to Corporation
 SEC Certificate
 Articles of Incorporation

 - Certificate of Cancellation as Single Proprietorship
- B. Partnership to Corporation

 - Articles of Incorporation
 Deed of Dissolution of Partnership

3. Additional/Change of Authorized Signatory/ies

A. For Single Proprietorship

 Specimen Signature Form (SSF)
 DTI Certificate or Business/ Mayor's Permit

B. For Partnership/Corporation

HQP-PFF-106

- Specimen Signature Form (SSF)
- Board Resolution
- Secretary's Certificate

presented for authentication.	I rade Associa	tion)						
CHECK APPROPRIATE BOX ONLY								
☐ 1. CHANGE/CORRECTION OF EMPLO	YER/BUSINESS NAME	☐ 3. CHANGE O	F LEGAL PERSONALITY	☐5. OTHER	RS (PLEASE SPECIFY)		
☐ 2. CHANGE/CORRECTION OF ADDRES		F AUTHORIZED SIGNATORY/IES						
EMPLOYED/DUOINEGO NAME					IDENTIFICATION AND	IMPED (TIMI)		
EMPLOYER/BUSINESS NAME				TAXPAYER	IDENTIFICATION NU	JMBEK (IIN)		
1. CHANGE/CORRECTION OF EMP	LOYER/BUSINESS N	AME						
FROM	LO TEN/BOOMLOO N	-WIL	ТО					
I KOW			10					
2. CHANGE/CORRECTION OF EMP	LOYER'S ADDRESS/	CONTACT DETA	LS (Please accomplish portions to	be changed or	aly)			
Unit/Room No., Floor		Building Name		COUNTRY+AREA CODE TELEPHONE NUMBER				
				Business (Di	rect Line)			
				<u> </u>				
Lot No. Block No. Phase I	No. House No.	Street Name		Business (Fa	ax)			
Subdivision		Barangay		Business (Trunkline) Local				
- Casa. 110.011								
				L				
Municipality/City		Province	ZIP Code	Email Addres	SS			
3. CHANGE OF LEGAL PERSONAL	ITY							
FROM			ТО					
4. CHANGE OF AUTHORIZED SIGN	ATORVIES (Use sense	ata shoot if nacassa	20					
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I KOW			10					
Name	esignation	Name	Official Designation					
Name	Official D	esignation	Name		Official Designation			
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Name	Official D	esignation	Name		Official De	signation		
5. OTHERS (Please specify)								
FROM			ТО					
		CEDILE	ICATION					
		CERTIF	ICATION					
I HEDERY CEDTIEV THAT THE IN	JEODMATION CIVEN AND	D ALL STATEMENT	S MADE HEREIN ARE TRUE AND	CODDECT TO	THE BEST OF MV KN	IOWI EDGE AND		
BELIEF. I FURTHER CERTIFY THAT MY S				CONNECT TO	THE BEST OF WITKIN	OWLLDOL AND		
HEAD OF OFFICE OR AUTHOR	RIZED SIGNATORY/IES		DESIGNATION/POSITION		DATE			
(Signature Over Prii								
		FOR Pag-IBIG F	UND USE ONLY					
DOCUMENTS SUBMITTED				ATE /	APPROVED BY	DATE		
□ DTI/SEC Registration	☐ CDA Certificate		I KEOLIVED DI	/	11 I NOVED DI	DAIL		
☐ Business/Mayor's Permit	☐ SEC Certificate of	Incorporation						
Amended Articles of Partnership/	☐ Secretary's Certific	•						
Incorporation/Cooperation	☐ Specimen Signatur	e Form (SSF)						
☐ Board Resolution	☐ Others (Please spe							
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