



EMPLOYER'S CHANGE OF INFORMATION FORM (ECIF)

Pag-IBIG EMPLOYER'S ID NUMBER											

INSTRUCTIONS

1. This form shall be accomplished in one (1) copy.
2. Accomplish the applicable portions to be changed/corrected only. Indicate N/A if not applicable.
3. Print in BLOCK/CAPITAL LETTERS.
4. Submit duly accomplished form together with required supporting documents to any Pag-IBIG Branch.

CHECK APPROPRIATE BOX ONLY

<input type="checkbox"/> 1. CHANGE/CORRECTION OF EMPLOYER/BUSINESS NAME	<input type="checkbox"/> 3. CHANGE OF LEGAL PERSONALITY	<input type="checkbox"/> 5. ADDITIONAL AUTHORIZED SIGNATORY/IES
<input type="checkbox"/> 2. CHANGE/CORRECTION OF ADDRESS/CONTACT DETAILS	<input type="checkbox"/> 4. CHANGE OF AUTHORIZED SIGNATORY/IES	

EMPLOYER/BUSINESS NAME	EMPLOYER'S TAX IDENTIFICATION NUMBER (TIN)
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1. CHANGE/CORRECTION OF EMPLOYER/BUSINESS NAME

FROM	TO
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2. CHANGE/CORRECTION OF EMPLOYER'S ADDRESS/CONTACT DETAILS *(Please accomplish portions to be changed only)*

Unit/Room No., Floor	Building Name	COUNTRY+AREA CODE	TELEPHONE NUMBER	
		Business (Direct Line)		
		Business (Fax)		
		Business (Trunkline) Local		
Email Address				
Lot No.	Block No.	Phase No.	House No.	Street Name
Subdivision		Barangay		
Municipality/City		Province	ZIP Code	

3. CHANGE OF LEGAL PERSONALITY

FROM	TO
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4. CHANGE OF AUTHORIZED SIGNATORY/IES *(Use separate sheet if necessary)*

FROM	TO		
Name	Official Designation	Name	Official Designation
Name	Official Designation	Name	Official Designation
Name	Official Designation	Name	Official Designation

5. ADDITIONAL AUTHORIZED SIGNATORY/IES *(Use separate sheet if necessary)*

Name	Official Designation
Name	Official Designation
Name	Official Designation

CERTIFICATION

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct company's personal data as part of its information. I hereby affirm my right to: (a) be informed; (b) object to processing, (c) access, (d) rectify, suspend or withdraw our company's personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

_____ HEAD OF OFFICE OR AUTHORIZED SIGNATORY/IES <i>(Signature Over Printed Name)</i>	_____ DESIGNATION/POSITION	_____ DATE
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FOR Pag-IBIG FUND USE ONLY

RECEIVED BY	DATE	APPROVED BY	DATE
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CHECKLIST OF REQUIREMENTS

A. FOR CHANGE/CORRECTION OF EMPLOYER/BUSINESS NAME

Basic Requirements:

- Employer's Change of Information Form (ECIF, HQP-PFF-106) (1 Original)
- Valid ID acceptable to the Fund (1 Photocopy)
- Specimen Signature Form (SSF, HQP-PFF-003) (1 Original)

Additional Requirements:

For Single Proprietorship

- Amended DTI Certificate (1 Photocopy)

For Partnership/Corporation

- Amended SEC Certificate (1 Photocopy)
- Amended Articles of Partnership/Incorporation (1 Photocopy)

For Cooperative

- CDA Certificate (1 Photocopy)

For Trade Association

- Amended SEC Certificate of Incorporation (1 Photocopy)

B. FOR CHANGE/CORRECTION OF EMPLOYER'S ADDRESS OR CONTACT DETAILS

Basic Requirements:

- ECIF (1 Original)
- Valid ID acceptable to the Fund (1 Photocopy)

Additional Requirements:

For Single Proprietorship

- Amended DTI Certificate (1 Photocopy)

For Partnership/Corporation, any of the following:

- Amended SEC Certificate (1 Photocopy)
- Amended Articles of Partnership/Incorporation (1 Photocopy)
- **General Information Sheet (1 Photocopy)**

For Cooperative

- CDA Certificate (1 Photocopy)

For Trade Association

- Amended SEC Certificate of Incorporation (1 Photocopy)

C. FOR CHANGE OF LEGAL PERSONALITY

Basic Requirements:

- ECIF (1 Original)
- Valid ID acceptable to the Fund (1 Photocopy)

Additional Requirements:

Single Proprietorship to Corporation

- SEC Certificate (1 Photocopy)
- Articles of Incorporation (1 Photocopy)
- Certificate of Cancellation as Single Proprietorship (1 Photocopy)

Partnership to Corporation

- SEC Certificate (1 Photocopy)
- Articles of Incorporation (1 Photocopy)
- Deed of Dissolution of Partnership (1 Photocopy)

D. FOR ADDITIONAL/CHANGE OF AUTHORIZED SIGNATORY/IES

Basic Requirements:

- ECIF (1 Original)
- Valid ID acceptable to the Fund (1 Photocopy)
- Specimen Signature Form (SSF, HQP-PFF-003) (1 Original)

Additional Requirements:

For Single Proprietorship

- DTI Certificate (1 Photocopy)

For Partnership/Corporation

- Partnership/Board Resolution (1 Photocopy)
- Secretary's Certificate (1 Photocopy)

NOTE:

In all instances wherein photocopies are submitted, the Original and/or Certified True Copy of the documentary requirements shall be presented for authentication.