



# LOYALTY CARD PLUS APPLICATION FORM

Pag-IBIG MID NUMBER

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ISSUING PARTNER-BANK

### INSTRUCTIONS

- Accomplish this form in one (1) copy.
- Present at least one (1) valid ID acceptable to the Pag-IBIG Fund.
- Type or print all entries in BLOCK or CAPITAL LETTERS.
- The "NAME EXTENSION" shall refer to JR., II, III and the like
- Accomplish only the "PRESENT HOME ADDRESS" if it is different from the "PERMANENT HOME ADDRESS"
- On "CONTACT DETAILS" portion, indicate at least one (1) contact number.
- All fields which are marked with asterisk (\*) are mandatory

### \*MEMBERSHIP CATEGORY

MANDATORY		VOLUNTARY	
<input type="checkbox"/> EMPLOYED PRIVATE	<input type="checkbox"/> SELF-EMPLOYED (SE)	<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT	<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION
<input type="checkbox"/> EMPLOYED GOVERNMENT	<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER	<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> JOB ORDER PERSONNEL	<input type="checkbox"/> NON-WORKING SPOUSE	<input type="checkbox"/> OTHERS, <i>Please specify</i>
	<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)	<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	
		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	

### MEMBER'S PERSONAL DETAILS

*LAST NAME	*FIRST NAME	*NAME EXT. (e.g., Jr., II)	*MIDDLE NAME	*MAIDEN NAME (For married women)
*DATE OF BIRTH m m d d y y y y		*CITIZENSHIP	*MARITAL STATUS <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Legally Separated	TAXPAYERS IDENTIFICATION NUMBER (TIN) - - - - -
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)		*SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		SSS/GSIS NUMBER - - - - -
*MOTHER'S MAIDEN NAME				EMPLOYEE NUMBER - - - - - <i>For AFP/PNP Employee, Serial/Badge No.</i> - - - - - <i>For DepEd Employee, Division Code-Station Code</i> - - - - -
*NAME OF SPOUSE (if married) (Last Name, First Name, Name Ext., Middle Name)				COMMON REFERENCE NUMBER (CRN/UMID) - - - - -

### ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor Lot No., Block No., Phase No. House No. Street Name Subdivision	(Indicate country code if abroad) COUNTRY + AREA CODE + TELEPHONE NUMBER Home - - - - -
Barangay Municipality/City Province/State/Country ZIP Code (if abroad)	*Cell Phone - - - - -
*PRESENT HOME ADDRESS Unit/Room No., Floor Lot No., Block No., Phase No. House No. Street Name Subdivision	Business (Direct Line) - - - - -
Barangay Municipality/City Province/State/Country ZIP Code (if abroad)	Business (Trunk Line) Local - - - - - - - - -
	*Email Address: _____

### PRESENT EMPLOYMENT DETAILS (if with more than (1) employer, use separate sheet and follow format below)

*EMPLOYER/BUSINESS NAME	Monthly Income Range <input type="checkbox"/> Less than P5,000 <input type="checkbox"/> P5,000 to less than P15,000 <input type="checkbox"/> P15,000 to less than P25,000 <input type="checkbox"/> P25,000 to less than P35,000 <input type="checkbox"/> P35,000 to less than P50,000 <input type="checkbox"/> P50,000 or more
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.	
Street Name Subdivision Barangay	*OCCUPATION
Municipality/City Province *State/Country (if abroad) ZIP Code	*NATURE OF WORK/ BUSINESS/ SOURCE OF FUNDS
*EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contractual <input type="checkbox"/> Project-Based <input type="checkbox"/> Part-Time/Temporary	

### \*PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG FUND MEMBERSHIP (Use another sheet if necessary)

1	EMPLOYER/BUSINESS NAME		
	EMPLOYER/BUSINESS ADDRESS	FROM m m d d y y y y	TO m m d d y y y y
2	EMPLOYER/BUSINESS NAME		
	EMPLOYER/BUSINESS ADDRESS	FROM m m d d y y y y	TO m m d d y y y y

