



Request for Loyalty Card Enrollment Kiosk

		Preferred Card Issuing Bank:	
Employer/Business Name		Preferred Date of Kiosk Deployment	
Employer/Business Address		Month	Date
			____ to ____, 20
Authorized Representative/Contact Person		No. of Employees	
Telephone Number	Email Address		
Requested by:			
_____	_____	_____	
Head of Office/Authorized Representative Signature over Printed Name	Designation/Position	Date	
Agreement			
This office agrees to collect the corresponding Loyalty Card Plus Fee of its employees, applying for Pag-IBIG Loyalty Card Plus through the Enrollment Kiosk to be deployed at our office and to pay outright the said amount to the Accredited Pag-IBIG Partner-Bank.			
Certified by:			
_____	_____	_____	
Head of Office/Authorized Representative Signature over Printed Name	Designation/Position	Date	
For Pag-IBIG Fund Use Only			
Kiosk Deployment Approved by	No. of Kiosk for Deployment	No. of Confirmed Applicants	Approved Date of Kiosk Deployment