



## Request for Loyalty Card Enrollment Kiosk

		Preferred Card Issuing Bank:	
Employer/Business Name		Preferred Date of Kiosk Deployment	
Employer/Business Address		<b>Month</b>	<b>Date</b>
		_____ to _____, 20	_____ 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	
<b>Agreement</b>			
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	
<b>For Pag-IBIG Fund Use Only</b>			
Kiosk Deployment Approved by	No. of Kiosk for Deployment	No. of Confirmed Applicants	Approved Date of Kiosk Deployment