

LIST OF EMPLOYEES WITH INTENT TO AVAIL OF THE Pag-IBIG LOYALTY CARD PLUS

(Date)

EMPLOYER'S Pag-IBIG ID NO. :
EMPLOYER/BUSINESS NAME :
EMPLOYER/BUSINESS ADDRESS :

| Pag-IBIG MID Number | Member's Name <i>(Last Name, First Name, Name Extension, Middle Name)</i> | Date of Birth | Remarks <i>(This Portion is for Pag-IBIG Fund Use Only)</i> |
|----------------------------|---|----------------------|---|
| | | | |

Total Number of Employee/s: _____

Endorsed by:

Received by:

Date:

(Employer's Authorized Representative)

(Signature over Printed Name)
