



EMPLOYER'S VIRTUAL Pag-IBIG ENROLLMENT FORM

Pag-IBIG EMPLOYER ID NUMBER

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PURPOSE OF ENROLLMENT	<input type="checkbox"/> Manage Remittance	<input type="checkbox"/> Manage Employees Loan
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*EMPLOYER/BUSINESS NAME	*BUSINESS TAXPAYER IDENTIFICATION NO.																				
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ADDRESS AND CONTACT DETAILS			
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor	Building Name	AREA CODE	TELEPHONE NUMBER
Lot No, Block No., Phase No. House No	Street Name	Business (Direct Line)	<input style="width: 100%;" type="text"/>
Subdivision	Barangay	Business (Fax)	<input style="width: 100%;" type="text"/>
Municipality/City	Province	Business (Trunk Line)	Local
ZIP Code		<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>
		Cell Phone	<input style="width: 100%;" type="text"/>
		Business Email Address	<input style="width: 100%;" type="text"/>

AUTHORIZED APPROVING OFFICER (AAO)/AUTHORIZED USER'S DETAILS *(Use another sheet if necessary)*

Name <small>(Last Name, First Name, Name Extension, Middle Name)</small>	Virtual Pag-IBIG Access Grant	Pag-IBIG MID No.	Official Designation	Mobile Number	Email Address	Preferred Username
	<input type="checkbox"/> Manage Remittance <input type="checkbox"/> Manage Employees Loan					
	<input type="checkbox"/> Manage Remittance <input type="checkbox"/> Manage Employees Loan					
	<input type="checkbox"/> Manage Remittance <input type="checkbox"/> Manage Employees Loan					

AGREEMENT

I hereby certify that I have read and understood the contents hereof, including the guidelines and instructions indicated at the back portion of this form. I likewise understand that the implementation of the Virtual Pag-IBIG Facility shall be subject to the pertinent provisions of the Implementing Rules and Regulations (IRR) of Pag-IBIG Fund.

I hereby designate the aforementioned as the Authorized Approving Officer (AAO)/Authorized User of the Virtual Pag-IBIG for Employers facility. I hereby agree to be bounded by the terms and conditions governing this facility, including the Pag-IBIG Fund's internal guidelines. In the event that we do not abide by the terms and conditions enumerated herein, the Pag-IBIG Fund has the right to terminate and revoke our user's access.

I hereby authorize Pag-IBIG Fund to disclose, submit and share or exchange any company's information to legal and government regulating agencies in accordance with R.A. No. 10173 (Data Privacy Act of 2012), and other related or pertinent laws and regulations, as described in Pag-IBIG Fund's Freedom of Information (FOI) Manual.

Furthermore, I hereby certify that the information given and any or all statements made herein are true and correct to the best of my knowledge and belief. I hereby certify under pain or perjury that my signature appearing herein is genuine and authentic.

_____ AUTHORIZED SIGNATORY <i>(Signature over Printed Name)</i>	_____ DESIGNATION/POSITION	_____ DATE
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FOR Pag-IBIG FUND USE ONLY

RECEIVED BY:	DATE:	REMARKS:
APPROVED/DISAPPROVED BY:	DATE:	REMARKS:

CHECKLIST OF REQUIREMENTS

1. Employer's Virtual Pag-IBIG Enrollment Form (HQP-PFF-372) (1 Original)
 2. One (1) valid ID of the designated Authorized Approving Officer (AAO)/Authorized User (1 Photocopy)
 3. One (1) valid ID of the Authorized Signatory (1 Photocopy)
- Note: In all instances wherein photocopies are submitted, the original documents must be presented for authentication.*

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

I. INSTRUCTIONS

1. Accomplish this form in one (1) copy.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. On the "CONTACT DETAILS" portion, indicate available contact information.
4. Submit duly accomplished form and required supporting documents based on the Checklist of Requirements.

II. ELIGIBILITY

The employer must satisfy the following requirements:

1. Must be updated in the remittance of Membership Savings (MS);
2. Must be updated in the remittance of loan amortization of its employees, if any; and
3. Has no pending legal case.

III. QUALIFICATIONS

Authorized User (Manage Remittance):

1. Must be a regular employee of the company with sufficient discretion. Preferably from Payroll Department.
2. Has access to the payroll data, specifically on the paying capacity of the employees of the agency.
3. Has an active official company email account.

Authorized Approving Officer (AAO, Manage Employees Loan):

1. Must be a regular employee of the company with sufficient discretion preferably from Human Resource Department.
2. Has access to the payroll data, specifically on the paying capacity of the employees of the agency.
3. Has access to service records of employees of the agency.
4. Has an active official company email account.
5. Must be among the approving/signing authority of the company/agency as reflected in the submitted Specimen Signature Form (SSF, HQP-PFF-003) of the employer.

IV. DUTIES AND RESPONSIBILITIES

The designated Authorized User/Approving Officer shall:

a. For Manage Remittance module:

1. Ensure that the list of employees' subject for remittance of MS/loan amortization is updated based on the period covered.
2. Prepare the remittance file for the MS/loan amortization due to the Fund.
3. Convert the remittance file into a Comma Separated Value (CSV) format.
4. Upload the remittance file and request for the Online Payment Instruction Number (OPIN).
5. Facilitate the payment of the MS/loan amortization on or before due date.

b. For Manage Employees Loan module:

1. Ensure that its employees meet the following requirements:
 - With Pag-IBIG MID Number
 - With Pag-IBIG Loyalty Card Plus;
 - Are enrolled to Virtual Pag-IBIG; and
 - Have sufficient Net Take Home Pay (NTHP) or with capacity to pay.
2. Verify and confirm the employment status of the member-applicant as follows:
 - That the member-applicant is in active service with his/her agency/company and not on-leave of absence without pay.
 - That the member-applicant has no pending administrative and/or criminal case/s.
 - That the member-applicant is not separated or retired or deceased.
3. Ensure correctness and completeness of the data indicated in the online Short-Term Loan (STL) application.
4. Provide the Gross Monthly Income and Net Take Home Pay (NTHP) of the member-applicant and ensure that the same is sufficient to cover the regular monthly amortization of the loan applied for.
5. Confirm and submit employees online STL application in the system.

V. OTHER TERMS AND CONDITIONS

1. The employer has the responsibility to ensure the safekeeping of the username and password. Therefore, the employer guarantees that any action taken using the username and password is an official act sanctioned and authorized by the employer.
2. In case of change/addition/replacement of the designated AAO/Authorized User, the concerned employer must submit duly accomplished Employer's Authorized User/Approving Officer Change of Information Form (HQP-PFF-381) to the concerned Pag-IBIG Branch along with the supporting required documents.
3. The employer shall inform all its employees regardless of its employment status of the Pag-IBIG Fund Program concerning the online STL application through Virtual Pag-IBIG.