



# EMPLOYER'S AUTHORIZED APPROVING OFFICER CHANGE OF INFORMATION FORM (For Employer's Virtual Pag-IBIG Account)

Pag-IBIG EMPLOYER ID NUMBER											

### INSTRUCTIONS

1. This form shall be accomplished in one (1) copy.
2. Accomplish the applicable portions to be changed/corrected only. Indicate N/A if not applicable.
3. Print in BLOCK/CAPITAL LETTERS.
4. Submit duly accomplished form and required documents to any Pag-IBIG Branch.

**CHECK APPROPRIATE BOX ONLY**

- |  |   |
|--|---|
| <input type="checkbox"/> 1. CHANGE/CORRECTION OF MOBILE NUMBER<br><input type="checkbox"/> 2. CHANGE/CORRECTION OF EMAIL ADDRESS<br><input type="checkbox"/> 3. CHANGE/UPDATE OF AUTHORIZED APPROVING OFFICER (AAO) OFFICIAL DESIGNATION | <input type="checkbox"/> 4. CHANGE OF AUTHORIZED APPROVING OFFICER (AAO)<br><input type="checkbox"/> 5. ADDITIONAL AUTHORIZED APPROVING OFFICER (AAO) |
|--|---|

EMPLOYER/BUSINESS NAME	EMPLOYER'S TAX IDENTIFICATION NUMBER (TIN)
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EMPLOYER/BUSINESS ADDRESS

**1. CHANGE/CORRECTION OF MOBILE NUMBER**

Name of AAO <i>(Last Name, First Name, Name Extension, if applicable, Middle Name)</i>	Username	Mobile Number	
		From	To

**2. CHANGE/CORRECTION OF EMAIL ADDRESS**

Name of AAO <i>(Last Name, First Name, Name Extension, if applicable, Middle Name)</i>	Username	Email Address	
		From	To

**3. CHANGE/UPDATE OF AUTHORIZED APPROVING OFFICER (AAO) OFFICIAL DESIGNATION**

Name of AAO <i>(Last Name, First Name, Name Extension, if applicable, Middle Name)</i>	Username	Official Designation	
		From	To

**4. CHANGE OF AUTHORIZED APPROVING OFFICER (AAO)**

From <i>(Last Name, First Name, Name Extension, if applicable, Middle Name)</i>	To <i>(Last Name, First Name, Name Extension, if applicable, Middle Name)</i>	Username	Official Designation	Mobile Number	Email Address

**5. ADDITIONAL AUTHORIZED APPROVING OFFICER (AAO)**

Name of AAO <i>(Last Name, First Name, Name Extension, if applicable, Middle Name)</i>	Username	Official Designation	Mobile Number	Email Address

**CERTIFICATION**

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct company's personal data as part of its information. I hereby affirm my right to: (a) be informed; (b) object to processing, (c) access, (d) rectify, suspend or withdraw our company's personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

\_\_\_\_\_  
HEAD OF OFFICE OR AUTHORIZED SIGNATORY/IES  
*(Signature Over Printed Name)*

\_\_\_\_\_  
DESIGNATION/POSITION

\_\_\_\_\_  
DATE

**FOR Pag-IBIG FUND USE ONLY**

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

**CHECKLIST OF REQUIREMENTS**

1. Employer's Authorized Approving Officer Change of Information Form (HQP-PFF-381) (1 Original)
2. Valid ID of the Authorized Approving Officer (1 Photocopy)
3. Valid ID of the Head of Agency or Authorized Signatory (1 Photocopy)

NOTE: 1. *In all instances, wherein photocopies are submitted, the original documents must be presented for authentication.*

2. *The AAO must be among the approving/signing authority of the company/agency as reflected in the Specimen Signature Form (HQP-PFF-003)*