

REQUEST FOR RESETTING OF MEMBER'S VIRTUAL Pag-IBIG ACCOUNT PASSWORD

INSTRUCTIONS:

1. This form shall be accomplished in two (2) copies.
2. Print in BLOCK/CAPITAL LETTERS.
3. Submit the duly accomplished form together with photocopy of one (1) valid ID to any Pag-IBIG Fund Branch.

NAME <i>(Last Name, First Name, Name Extension, if applicable and Middle Name)</i>		Pag-IBIG MID NO.
DATE OF BIRTH	EMAIL ADDRESS	CELL PHONE NO.
REASON FOR RESETTING		
<input type="checkbox"/> Forgot password		<input type="checkbox"/> Compromised account
<input type="checkbox"/> Failed to answer the security question thru Virtual Pag-IBIG		<input type="checkbox"/> Others: <i>Please specify,</i> _____
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 my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).		
_____ SIGNATURE OVER PRINTED NAME		_____ DATE
FOR Pag-IBIG FUND USE ONLY		
RECEIVED BY:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
_____ <i>(SIGNATURE OVER PRINTED NAME)</i> <i>(POSITION/DESIGNATION)</i>	_____ <i>(SIGNATURE OVER PRINTED NAME)</i> <i>(POSITION/DESIGNATION)</i>	_____ DATE
REMARKS:		

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