SHORT-TERM LOAN REMITTANCE FORM (STLRF)

Pag-IBIG EMPLOYER'S ID NUMBER

NOTE: PLEASE READ INSTRUCTIONS AT THE BACK.

EMPLOYER/BUSINESS NAME					
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No. House No.		Street Name	PERIOD COVERED
Subdivision	Barangay	Municipality/City	Province/State/Country *(if abroad)*	ZIP Code	TELEPHONE NUMBER

Pag-IBIG MID NO.	APPLICATION NO.	NAME OF MEMBERS *Last Name*	*First Name*	*Name Extension (Jr., III, etc.)*	*Middle Name*	LOAN TYPE *(e.g., MPL, Calamity Loan)*	AMOUNT	EMPLOYER REMARKS
TOTAL FOR THIS PAGE							₱	
GRAND TOTAL (if last page)							₱	

EMPLOYER CERTIFICATION

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

HEAD OF OFFICE OR AUTHORIZED REPRESENTATIVE *(Signature Over Printed Name)*	DESIGNATION/POSITION	DATE

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

GUIDELINES AND INSTRUCTIONS

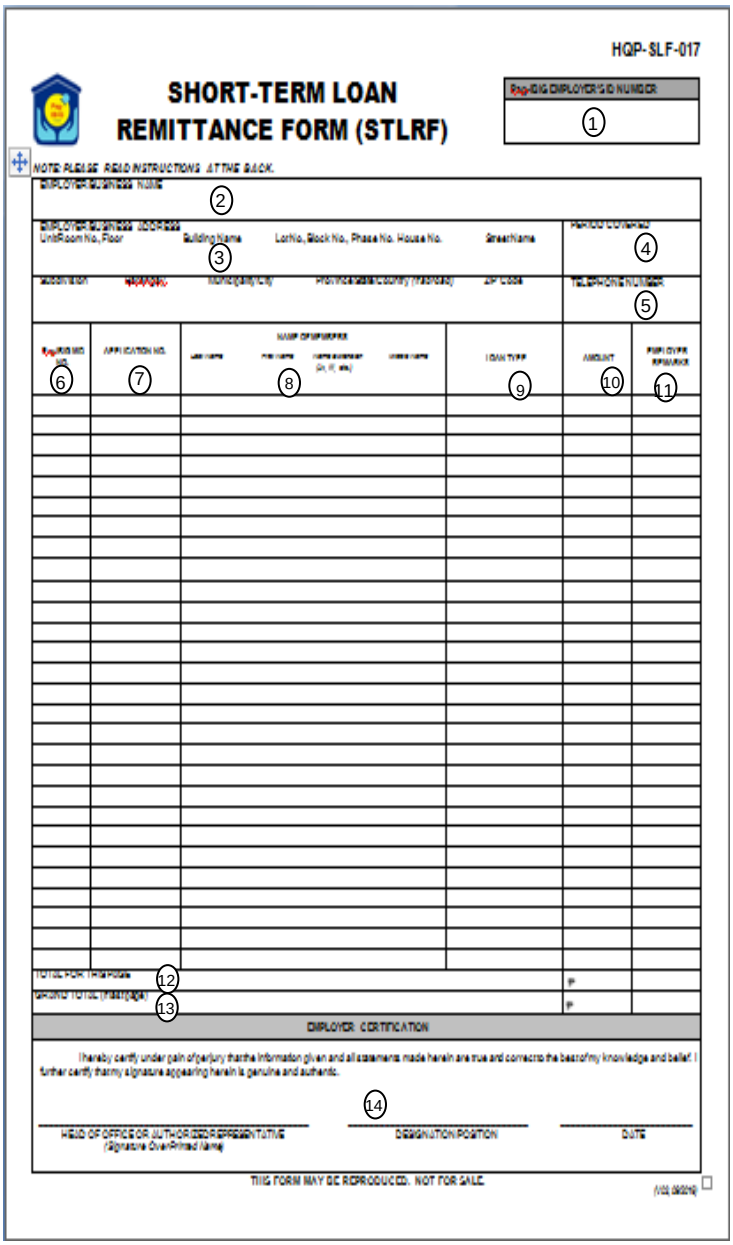
a. Type or print all entries in BLOCK or CAPITAL LETTERS.

b. Accomplish this form in softcopy when making remittances to Pag-IBIG Fund or to any accredited collecting partner on or before the fifteenth (15th) day of the month.

c. A separate Short-Term Loan Remittance Form (STLRF) should be accomplished per type of payment (whether cash or check payment) and in case Credit Memo shall be applied as payment to the Fund.

d. In case there is a correction in the remittance which resulted to overpayment, the employer shall advise the Fund. Once validated, a Notice of Overpayment and Credit Memo shall be issued to the employer. From the date of issuance of the said Notice, the employer may request, not later than six (6) months for refund of the excess amount or have it applied to the future remittance with the Fund.

e. The total amount to be remitted should be equal to the total amount reflected on the STLRF. Check payments should be made payable to Pag-IBIG Fund and shall be posted upon clearing *(clearing policy shall not be applicable to National Government Agency (NGA), instead payment shall be posted within 72 hours upon receipt of collection)*.


HQP-SLF-017

SHORT-TERM LOAN REMITTANCE FORM (STLRF)

Pag-IBIG EMPLOYER'S ID NUMBER (1)

NOTE: PLEASE READ INSTRUCTIONS AT THE BACK.

EMPLOYER/BUSINESS NAME (2)

EMPLOYER/BUSINESS ADDRESS (3): Unit/Room No., Floor; Building Name; Lot No., Block No., Phase No. House No.; Street Name

PERIOD COVERED (4)

Subdivision; Barangay; Municipality/City; Province/State/Country (Foreign); ZIP Code

TELEPHONE NUMBER (5)

Pag-IBIG MID NO. (6)	APPLICATION NO. (7)	NAME OF BORROWER (8)	LOAN TYPE (9)	AMOUNT (10)	EMPLOYER REMARKS (11)