



Pag-IBIG Fund

eSRS EMPLOYER ENROLLMENT FORM

Employer ID Number : _____
Employer/Business Name : _____
Pag-IBIG Servicing Branch : _____
Employer Type (e.g., Private or Government) : _____

ADDRESS AND CONTACT DETAILS

| | | | | | |
|----------------------|---------------|-----------|-------------|------------------------|------------------|
| Unit/Room No., Floor | Building Name | | | AREA CODE | TELEPHONE NUMBER |
| Lot No., Block No. | Phase No. | House No. | Street Name | Business (Direct Line) | |
| Subdivision | Barangay | | | Business (Trunk Line) | Local |
| Municipality/City | Province | | | Cell Phone Number | |
| Region | Zip Code | | | Business Email Address | |

AUTHORIZED USER DETAILS

| | | | |
|---------------------|---|-------------------|---|
| Pag-IBIG MID Number | : | User Name | : |
| Name | : | Email Address | : |
| Designation | : | Cell Phone Number | : |

EMPLOYER'S CERTIFICATION

We certify that the information herein stated is true and correct; that we shall be responsible for the all the information provided by our Authorized User/s to Pag-IBIG Fund; that we consent to the disapproval or cancellation of our enrolment, and/or termination of our access to the facility in case of falsification, misrepresentation or any similar acts committed by our Authorized User/s.

Likewise, we hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, use, consolidate, block, erase or destruct the personal data as part of our information. We hereby affirm our rights to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw our 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) _____ (Designation) _____ (Date)
 Authorized Signatory

FOR Pag-IBIG Fund USE ONLY

Approved by:
 _____ (Signature Over Printed Name) _____ (Designation) _____ (Date)
 Authorized Signatory