



Pag-IBIG Fund

eSRS EMPLOYER ENROLLMENT FORM

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

ADDRESS AND CONTACT DETAILS

EMPLOYER/BUSINESS ADDRESS		AREA CODE TELEPHONE NUMBER	
Unit/Room No., Floor	Building Name	Business (Direct Line)	
Lot No., Block No., Phase No. House No.	Street Name	<input type="text"/>	<input type="text"/>
Subdivision	Barangay	Business (Fax)	
Municipality/City		<input type="text"/>	<input type="text"/>
Province	ZIP Code	Business (Trunk Line)	Local
		<input type="text"/>	<input type="text"/>
		Cell Phone	
		<input type="text"/>	
		Business Email Address	
		<input type="text"/>	

AUTHORIZED USER DETAILS

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

EMPLOYER'S CERTIFICATION

We hereby certify that the information given, and all statements made herein are true and correct; that we shall be responsible for 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
 Authorized Signatory

(Position/Designation)

(Date)

FOR Pag-IBIG FUND USE ONLY

Approved by:

(Signature Over Printed Name)
 (Position/Designation)

(Branch/Unit)

(Date)