



# MEMBERSHIP REGISTRATION/REMITTANCE FORM

Pag-IBIG Fund

M1-1

☐ PRIVATE EMPLOYER☐ GOVERNMENT CONTROLLED CORP.☐ LOCAL GOVERNMENT UNIT☐ NATIONAL GOVERNMENT AGENCY

(Please read instructions at the back)

MONTH

YEAR

NAME OF EMPLOYER

FOR PRIVATE  
EMPLOYER

EMPLOYER SSS NO.

FOR GOV'T  
EMPLOYERAGENCY  
CODEBRANCH  
CODEREGION  
CODE

ADDRESS OF EMPLOYER

TIN

ZIP CODE

TELEPHONE NO/S.

TIN	DATE OF BIRTH	NAME OF EMPLOYEES			CONTRIBUTIONS		
		(Family Name)	First Name	Middle Name)	EMPLOYEE	EMPLOYER	TOTAL
		1.					
		2.					
		3.					
		4.					
		5.					
		6.					
		7.					
		8.					
		9.					
		10.					
		11.					
		12.					
		13.					
		14.					
		15.					
		16.					
		17.					
		18.					
		19.					
		20.					
		21.					
		22.					
		23.					
		24.					
		25.					
		26.					
		27.					
		28.					
		29.					
		30.					
		31.					
		32.					
		33.					
		34.					
		35.					
		36.					
		37.					
		38.					
		39.					
		40.					

No. of Employees on this page	Total No. of Employees if last page	TOTAL FOR THIS PAGE	P	P	P
FOR Pag-IBIG USE ONLY		GRAND TOTAL (if last page)	P	P	P
PFR/VALIDATION No.	DATE MM DD YY	AMOUNT P	CERTIFIED CORRECT BY:		
COLLECTING BANK	REMARKS	CHECKED BY	SIGNATURE OVER PRINTED NAME		
TICKET DATE MM DD YY	RECONCILED BY	CHECKED BY	DATE		
			OFFICIAL DESIGNATION		
			PAGE NO. NO. OF PAGES		

NOTE: NEW REGISTRANTS SHALL PROVIDE TIN AND DATE OF BIRTH

(Revised 05/2003)

THIS FORM CAN BE REPRODUCED. NOT FOR SALE

## HOW TO ACCOMPLISH THIS FORM

- Please type or print all entries.
- Prepare this form in two (2) copies [three (3) copies for national government employers] every end of each calendar month when making remittances to Pag-IBIG Fund or to any collecting agent

### Schedule of Payments

First letter of Employer's/Company Name	Due Date
A to D	10th to the 14th day of the month
E to L	15th to the 19th day of the month
M to Q	20th to the 24th day of the month
R to Z	25th to the end of the month

- For employer with branch offices, please prepare separate Membership Registration/Remittance Form (MRRF) for each branch indicating therein their respective addresses.

Take note that the maximum Monthly Compensation (MC) of Pag-IBIG I employee-members is P5,000.00. However, those with MC over P5,000.00

Up to P1,500.00	1%	2%	3%
P1,501.00-P5,000.00	2%	2%	4%
Over P5,000.00	2% of MC	2% of P5,000.00***	

IBIG contribution. For purposes of computing the Employee's/Employer's contribution, please be guided by the following.

### MONTHLY COMPENSATION

(BASIC + COLA)      EEs\*      ERs\*\*      TOTAL

\*EEs - Employee's share

\*\*ERs - Employer's share

\*\*\* The employer may match his employee's contributions based on their higher MC

If the employer provides only the mandatory counterpart, which is up to P100.00, the employee has the option to shoulder the ER counterpart for the portion of his MC over P5,000.00

- For national government agencies, indicate the employee and employer contributions in the report but remit only the employee's share. The employer's share will be to the Department of Budget and Management.

For local government and controlled corporations, remit employee's share together with employer's counterpart

- Non-payment of contributions shall subject the employer to a three percent (3%) penalty per month of the amount payable from the date the contributions fall due until paid (Sec. 22 of PD 1752)

- Put an "X" mark to indicate employer classification.

- When making remittances to Pag-IBIG Fund, indicate the applicable month and year of contribution.

- Print name of the employer.

- For private employers, indicate your Employer SSS ID No.

- For government employers, indicate your Agency, Branch and Region Codes.

- Print the full address of the employer.

- For employer with branch offices, please prepare separate MRRF for each branch indicating therein their respective addresses. Indicate employer's

- Tax Identification No. (TIN) Indicate the zip code.

- Indicate the telephone number/s of the employer.

- Indicate the correct Tax Identification No. (TIN) of your employees to ensure the contributions are credited to their respective accounts.

- Indicate employee's birth date in numeric format. Example March 20, 1956, shall be written as 03/20/56.

- List the name of your employees. This may be for the purpose of registering your employees for Pag-IBIG membership or for remitting contributions.

- Indicate the amount of employee contributions. Do not round off nor drop centavos.

- Indicate the amount of employer counterpart contributions. Do not round off nor drop centavos.

- Indicate the total amount of employee and employer contributions.

- Indicate the number of employees listed in this page.

- Indicate the total number of employees listed if this is the last page of the listing.

- Indicate the total amount of employee contributions (under column 13), the total amount of employer contributions (under column 14) and the total amount of employee and employer contributions (under column 15) for this page.

- Indicate the grand total of employee contributions (under column 13), the grand total of employer contributions (under column 14) and the grand total of employee and employer contributions (under column 15) if this is the last page.

MEMBERSHIP REGISTRATION/REMITTANCE FORM										Pag-IBIG Fund		
										M1-1		
<input type="checkbox"/> PRIVATE EMPLOYER <input type="checkbox"/> GOVERNMENT CONTROLLED CORP. <input type="checkbox"/> LOCAL GOVERNMENT UNIT <input type="checkbox"/> NATIONAL GOVERNMENT AGENCY												
(Please read instructions at the back)										MONTH	YEAR	
NAME OF EMPLOYER			EMPLOYER SSS NO.		FOR GOVT. EMPLOYER		AGENCY CODE		BRANCH CODE		REGION CODE	
ADDRESS OF EMPLOYER			TIN		ZIP CODE		TELEPHONE NO.					
TIN	DATE OF BIRTH	NAME OF EMPLOYEES			CONTRIBUTIONS							
		Family Name	First Name	Middle Name	EMPLOYEE	EMPLOYER	TOTAL					
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
No. of Employees on this page		Total No. of Employees if last page		TOTAL FOR THIS PAGE		GRAND TOTAL (if last page)						
FOR Pag-IBIG USE ONLY				DATE		AMOUNT						
PRIVILEGE BANK				DATE		AMOUNT						
COLLECTING BANK				DATE		AMOUNT						
TICKET DATE				CHECKED BY		OFFICIAL DESIGNATION						
NOTE: NEW REGISTRANTS SHALL PROVIDE TIN AND DATE OF BIRTH												

THIS FORM CAN BE REPRODUCED. NOT FOR SALE

may declare their actual salary levels for computing their monthly Pag-

Indicate the number of this page.

Indicate the total number of pages of this listing.