



REQUEST FOR CONSOLIDATION/MERGING OF MEMBER'S RECORDS (RCMMR)

HQP-PFF-093
(V05, 07/2022)

INSTRUCTIONS:

1. Submit the duly accomplished Request for Consolidation/Merging of Member's Record (RCMMR, HQP-PFF-093) together with photocopy of one (1) valid ID to any Pag-IBIG Fund Branch.
2. If through authorized representative, submit RCMMR, authorization letter and valid ID of both parties.

MEMBER'S INFORMATION

Pag-IBIG MID No. : _____
Member's Name : _____
Last Name First Name Name Extension (e.g. Jr., II) Middle Name
Date of Birth : _____
Marital Status : ☐ Single/Unmarried ☐ Married ☐ Widow/er ☐ Legally Separated ☐ Annulled
Contact No. : _____
Email Address : _____

PRESENT EMPLOYER INFORMATION

Employer/Business Name : _____
Employer/Business Address : _____
Employer/Business Contact No. : _____
Purpose of Consolidation/Merging : ☐ Short-Term Loan (STL) Application
☐ Provident Benefits Claim (PBC) Application
☐ Others, please specify _____

	Previous Employer/Business Name	Previous Employer/Business Address	Inclusive Date(s)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

REQUESTED BY		
_____ <i>Signature Of Applicant Over Printed Name</i>		_____ <i>Date</i>
THIS PORTION IS FOR PAG-IBIG FUND USE ONLY		
REQUESTING PAG-IBIG FUND BRANCH:		
RECEIVED BY:	PROCESSED BY:	APPROVED/DISAPPROVED BY:
_____ <i>Signature Over Printed Name</i>	_____ <i>Signature Over Printed Name</i>	_____ <i>Signature Over Printed Name</i>
Date: _____	Date: _____	Date: _____
REMARKS:		