



EMPLOYER'S AUTHORIZED USER/APPROVING OFFICER CHANGE OF INFORMATION FORM

Pag-IBIG EMPLOYER ID NO.

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INSTRUCTIONS

1. This form shall be accomplished in one (1) copy.
2. Accomplish the applicable portions to be changed/corrected only. Indicate N/A if not applicable.
3. Print in BLOCK/CAPITAL LETTERS.
4. Submit duly accomplished form and required documents to any Pag-IBIG Branch.

CHECK APPROPRIATE BOX ONLY

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|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. CHANGE/CORRECTION OF MOBILE NUMBER | <input type="checkbox"/> 4. CHANGE OF AUTHORIZED USER/APPROVING OFFICER |
| <input type="checkbox"/> 2. CHANGE/CORRECTION OF EMAIL ADDRESS | <input type="checkbox"/> 5. ADDITIONAL AUTHORIZED USER/APPROVING OFFICER |
| <input type="checkbox"/> 3. CHANGE/UPDATE OF AUTHORIZED USER/APPROVING OFFICER'S OFFICIAL DESIGNATION | <input type="checkbox"/> 6. CHANGE/REVOCATION OF THE VIRTUAL GRANT ACCESS OF THE AUTHORIZED USER/APPROVING OFFICER |

EMPLOYER/BUSINESS NAME

EMPLOYER'S TAX IDENTIFICATION NUMBER
(TIN)

EMPLOYER/BUSINESS ADDRESS

1. CHANGE/CORRECTION OF MOBILE NUMBER

Name of Authorized User/Approving Officer (Last Name, First Name, Name Extension, if applicable, Middle Name)	Username	Mobile Number	
		From	To

2. CHANGE/CORRECTION OF EMAIL ADDRESS

Name of Authorized User/Approving Officer (Last Name, First Name, Name Extension, if applicable, Middle Name)	Username	Email Address	
		From	To

3. CHANGE/UPDATE OF AUTHORIZED USER/APPROVING OFFICER'S OFFICIAL DESIGNATION

Name of Authorized User/Approving Officer (Last Name, First Name, Name Extension, if applicable, Middle Name)	Username	Official Designation	
		From	To

4. CHANGE OF AUTHORIZED USER/APPROVING OFFICER

From (Last Name, First Name, Name Extension, if applicable, Middle Name)	To (Last Name, First Name, Name Extension, if applicable, Middle Name)	Virtual Pag-IBIG Access Grant	Pag-IBIG MID No.	Official Designation	Mobile Number	Email Address	Preferred Username
		<input type="checkbox"/> Manage Remittance <input type="checkbox"/> Manage Employees Loan					
		<input type="checkbox"/> Manage Remittance <input type="checkbox"/> Manage Employees Loan					
		<input type="checkbox"/> Manage Remittance <input type="checkbox"/> Manage Employees Loan					

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

5. ADDITIONAL AUTHORIZED USER/APPROVING OFFICER

Name of Authorized User/Approving Officer (Last Name, First Name, Name Extension, if applicable, Middle Name)	Virtual Pag-IBIG Access Grant	Pag-IBIG MID No.	Official Designation	Mobile Number	Email Address	Preferred Username
	<input type="checkbox"/> Manage Remittance <input type="checkbox"/> Manage Employees Loan					
	<input type="checkbox"/> Manage Remittance <input type="checkbox"/> Manage Employees Loan					
	<input type="checkbox"/> Manage Remittance <input type="checkbox"/> Manage Employees Loan					

6. CHANGE/REVOCAION OF THE VIRTUAL GRANT ACCESS OF THE AUTHORIZED USER/APPROVING OFFICER

Name of Authorized User/Approving Officer (Last Name, First Name, Name Extension, if applicable, Middle Name)	Username	Virtual Pag-IBIG Access Grant	
		From	To

CERTIFICATION

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct company's personal data as part of its information. I hereby affirm my right to: (a) be informed; (b) object to processing, (c) access, (d) rectify, suspend or withdraw our company's personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

AUTHORIZED SIGNATORY
(Signature Over Printed Name)

DESIGNATION/POSITION

DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY:	DATE:	REMARKS:
APPROVED/DISAPPROVED BY:	DATE:	REMARKS:

CHECKLIST OF REQUIREMENTS

1. Employer's Authorized User/Approving Officer Change of Information Form (HQP-PFF-381) (1 Original)
2. One (1) valid ID of the designated Authorized User/Approving Officer (1 Photocopy)
3. One (1) valid ID of the Authorized Signatory (1 Photocopy)

NOTE: 1. In all instances wherein photocopies are submitted, the original documents must be presented for authentication.

2. The Authorized Approving Officer must be among the approving/signing authority of the company/agency as reflected in the Specimen Signature Form (HQP-PFF-003)