

OK - w/ initial payment 202007

HQP-PFF-108
(V07, 11/2021)

LOYALTY CARD PLUS APPLICATION FORM

Pag-IBIG MID NUMBER

1213-0344-5201

ISSUING PARTNER-BANK

INSTRUCTIONS

1. Accomplish this form in one (1) copy.
2. Present at least one (1) valid ID acceptable to the Pag-IBIG Fund.
3. Type or print all entries in BLOCK or CAPITAL LETTERS.
4. The "NAME EXTENSION" shall refer to JR., II, III and the like.
5. Accomplish only the "PRESENT HOME ADDRESS" if it is different from the "PERMANENT HOME ADDRESS".
6. On "CONTACT DETAILS" portion, indicate at least one (1) contact number.
7. All fields which are marked with asterisk (*) are mandatory.

MEMBERSHIP CATEGORY

MANDATORY		VOLUNTARY	
<input type="checkbox"/> EMPLOYED (PRIVATE)	<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> EMPLOYED (FOREIGN GOVERNMENT)	<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION
<input type="checkbox"/> EMPLOYED (GOVERNMENT)	<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER	<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT
<input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD	<input type="checkbox"/> JOB ORDER PERSONNEL	<input type="checkbox"/> NON-WORKING SPOUSE	<input type="checkbox"/> OTHERS, Please specify
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> OTHER EARNING GROUPS (OEG)	<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	
		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	

MEMBER'S PERSONAL DETAILS

*LAST NAME GOMEZ	*FIRST NAME FREDDIE	*NAME EXT. (e.g., Jr., II)	*MIDDLE NAME QUEVEDO	*MAIDEN NAME (For married women)
*DATE OF BIRTH 09 / 23 / 1997 mm dd yy yy	*CITIZENSHIP FILIPINO	*MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Legally Separated	TAXPAYERS IDENTIFICATION NUMBER (TIN) - - - - -	
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) GATA, SAN AGUTIN, SURIGAO DEL SUR	*SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	SSS/IGSIS NUMBER - - - - -		
*MOTHER'S MAIDEN NAME VIRGIE ALAMEDA QUEVEDO			EMPLOYEE NUMBER - - - - -	
*NAME OF SPOUSE (if married) (Last Name, First Name, Name Ext., Middle Name)			For AFP/PNP Employee, Serial/Badge No. - - - - -	
			For DepEd Employee, Division Code-Station Code - - - - -	
			COMMON REFERENCE NUMBER (CRN) - - - - -	

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor Lot No., Block No., Phase No. House No. Street Name Subdivision				(Indicate country code if abroad) COUNTRY + AREA CODE + TELEPHONE NUMBER Home - - - - -	
Barangay GATA	Municipality/City SAN AGUTIN	Province/State/Country (If abroad) SURIGAO DEL SUR	ZIP Code 8305	*Cell Phone - - - - -	09501088460
*PRESENT HOME ADDRESS Unit/Room No., Floor Lot No., Block No., Phase No. House No. Street Name Subdivision				Business (Direct Line) - - - - -	
Barangay GATA	Municipality/City SAN AGUTIN	Province/State/Country (If abroad) SURIGAO DEL SUR	ZIP Code 8305	Business (Trunk Line) - - - - -	Local - - - - -
				*Email Address: email-fg.com@gmail.com	

PRESENT EMPLOYMENT DETAILS

*EMPLOYER/BUSINESS NAME				Monthly Income Range <input type="checkbox"/> Less than P5,000 <input type="checkbox"/> P5,000 to less than P15,000 <input type="checkbox"/> P15,000 to less than P25,000 <input type="checkbox"/> P25,000 to less than P35,000 <input type="checkbox"/> P35,000 to less than P60,000 <input type="checkbox"/> P60,000 or more	
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.					
Street Name		Subdivision	Barangay	*OCCUPATION	
Municipality/City		Province	*State/Country (If abroad)	ZIP Code	
*EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contractual <input type="checkbox"/> Project-Based <input type="checkbox"/> Part-Time/Temporary					

*PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG FUND MEMBERSHIP (Use separate sheet if necessary)

1		EMPLOYER/BUSINESS NAME	FROM	TO
		EMPLOYER/BUSINESS ADDRESS	mm dd yy yy	mm dd yy yy
2		EMPLOYER/BUSINESS NAME	FROM	TO
		EMPLOYER/BUSINESS ADDRESS	mm dd yy yy	mm dd yy yy