FPF040

EMPLOYER'S DATA FORM (EDF)

FOR Pag-IBIG USE ONLY
Employer's Pag-IBIG ID NO.

EMPLOYER/BUSINESS NAME *(Per SEC Registration)*	**Please indicate whether Head Office or Branch** ☐ Head Office ☐ Branch _____
BUSINESS ADDRESS *(Unit/Room/Floor/Building/Street)*	**START OF BUSINESS OPERATION** m m d d y y y y

Subdivision	Barangay	**DTI/SEC Registration Certificate Number**

Municipality/City/Province	**ZIP CODE**	**CONTACT NUMBER/S** *AREA CODE* *TELEPHONE NO.* **DIRECT LINE**
CORPORATE E-MAIL	**TAXPAYERS IDENTIFICATION NUMBER (TIN)**	**TRUNKLINE** **Local**
SSS NUMBER *(For Private Employers only)*	**AGENCY/BRANCH/DIVISION CODE** *(For Government Employers only)*	**FAX**

PREVIOUS EMPLOYER/BUSINESS NAME *(Please indicate your former employer/business name, if applicable.)*
1. _____
2. _____
3. _____

C E R T I F I C A T I O N	**FOR Pag-IBIG USE ONLY**
I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENT MADE HEREIN ARE TRUE AND CORRECT. _____ **AUTHORIZED SIGNATORY** **(**SIGNATURE OVER PRINTED NAME) _____ _____ **DESIGNATION** **DATE**	RECEIVED BY DATE PROCESSED BY DATE APPROVED BY DATE

INSTRUCTIONS

1. The Employer's Data Form (EDF) shall be accomplished in 2 copies.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. For partnership/corporation, the authorized representative who shall certify the Employer's Data Form (EDF) shall be the appointing officer who has been duly designated thru a Board Resolution or Secretary's Certificate.
4. Please submit the accomplished form together with the required supporting documents based on the *Checklist of Requirements for Pag-IBIG Fund Membership of Employer, Cooperative and Trade Association (FPF030).*

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.   ***Revised 9-30-08***