



eSRS EMPLOYER ENROLLMENT FORM

Employer ID Number : _____
Employer Name : _____
Pag-IBIG Servicing Branch : _____
Employer Type (e.g, Private or Government) : _____

| ADDRESS AND CONTACT DETAILS | | | | | |
|-----------------------------|---------------|-----------|-------------|------------------------|------------------|
| Unit/Room No., Floor | Building Name | | | AREA CODE | TELEPHONE NUMBER |
| Lot No., Block No. | Phase No. | House No. | Street Name | Business (Direct Line) | |
| Subdivision | Barangay | | | Business (Trunk Line) | Local |
| Municipality/City | | | | Cell Phone | |
| Province | Zip Code | | | Business Email Address | |

| AUTHORIZED USER DETAILS | |
|-------------------------|-------------------|
| Pag-IBIG MID Number | User Name |
| Name | Email Address |
| Designation | Cell Phone Number |

| EMPLOYER'S CERTIFICATION | | |
|--|----------------------|---------------|
| <p>We certify that the information herein stated is true and correct; that we shall be responsible for all the information provided by our Authorized User/s to Pag-IBIG Fund; that we consent to the disapproval or cancellation of our enrolment, and/or termination of our access to the facility in case of falsification, misrepresentation or any similar acts committed by our Authorized User/s.</p> | | |
| _____ Authorized Signatory (Signature Over Printed Name) | _____ Designation | _____ Date |

| FOR Pag-IBIG Fund USE ONLY | | |
|--|-------------------------------|---------------|
| <p>Approved by:</p> | | |
| _____ Authorized Signatory (Signature Over Printed Name) | _____ Position/Designation | _____ Date |