



LOYALTY CARD APPLICATION FORM

(Privilege Card Program)

Pag-IBIG MID NUMBER
REGISTRATION TRACKING NUMBER

INSTRUCTIONS

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

***MEMBERSHIP CATEGORY**

<input type="checkbox"/> Employed Private	<input type="checkbox"/> Overseas Filipino Worker (OFW)	For Voluntary Members <input type="checkbox"/> Employed <input type="checkbox"/> Individual Payor (IP) <input type="checkbox"/> Other Working Group (OWG), if income is less than P 1,000.00
<input type="checkbox"/> Employed Government	<input type="checkbox"/> Self-Employed (SE)	
<input type="checkbox"/> Employed Private Household	<input type="checkbox"/> Other Working Group (OWG)	

MEMBER'S PERSONAL DETAILS

*LAST NAME	*FIRST NAME	*NAME EXT. (e.g., Jr., II)	*MIDDLE NAME	*MAIDEN NAME (For married women)
*DATE OF BIRTH mm dd yy yy		*CITIZENSHIP	*MARITAL STATUS <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <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)		*SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		SSS/GSIS NUMBER
*MOTHER'S MAIDEN NAME (Last Name, First Name, Name Ext., Middle Name)				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/UMID)

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name	(Indicate country code if abroad) COUNTRY + AREA CODE + TELEPHONE NUMBER Home
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code	
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name	*Cell Phone
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code	Business (Direct Line)
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	Business (Trunk Line) Local
	*Email Address

PRESENT EMPLOYMENT DETAILS (If with more than one (1) employer, use separate sheet and follow format below)

*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 P50,000 <input type="checkbox"/> P50,000 or more
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.	*TYPE OF WORK (For OFWs only) <input type="checkbox"/> Land-based (Pls. specify country of assignment) _____ <input type="checkbox"/> Sea-based (Pls specify manning agency) _____
Street Name Subdivision Barangay	
Municipality/City Province *State/Country (if abroad) ZIP Code	*OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
*OCCUPATION	*EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Part-Time/Temporary <input type="checkbox"/> Project-Based <input type="checkbox"/> Casual <input type="checkbox"/> Contractual
*NATURE OF WORK/ BUSINESS/ SOURCE OF FUNDS	*FROM mm yy yy yy TO mm yy yy yy

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

1	EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
	EMPLOYER/BUSINESS ADDRESS	FROM mm yy yy yy TO mm yy yy yy
2	EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
	EMPLOYER/BUSINESS ADDRESS	FROM mm yy yy yy TO mm yy yy yy

*OTHER INFORMATION			
HOME OWNERSHIP <input type="checkbox"/> Owned, Mortgaged <input type="checkbox"/> Renting <input type="checkbox"/> Owned, Not Mortgaged <input type="checkbox"/> Living with Parents/Relatives	WHAT ARE YOUR FUTURE PLANS FOR YOUR HOME? <input type="checkbox"/> Buy/Loan for/Construct a House of my Own <input type="checkbox"/> Improve/Extend my Current House <input type="checkbox"/> Continue to Rent/Live with Relatives <input type="checkbox"/> Other _____	EDUCATIONAL ATTAINMENT <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Master/Ph.D. <input type="checkbox"/> Vocational _____	NO. OF CHILDREN/DEPENDENTS STILL STUDYING NO. OF CREDIT CARDS OWNED NO. OF CARS OWNED
NO. OF YEARS IN RESIDENCE			
NO. OF TRAVELS ABROAD <input type="checkbox"/> Once a Year <input type="checkbox"/> 2 to 5 times per Year <input type="checkbox"/> More than 5 times per Year <input type="checkbox"/> Rarely <input type="checkbox"/> Never	NO. OF DOMESTIC TRAVELS <input type="checkbox"/> Once a Year <input type="checkbox"/> 2 to 5 times per Year <input type="checkbox"/> More than 5 times per Year <input type="checkbox"/> Rarely <input type="checkbox"/> Never	NO. OF TIMES TO EAT AT A RESTAURANT <input type="checkbox"/> Once a Month <input type="checkbox"/> 2 to 5 times per Month <input type="checkbox"/> More than 5 times per Month <input type="checkbox"/> Rarely	NO. OF TIMES TO GO TO A MALL <input type="checkbox"/> Once a Month <input type="checkbox"/> 2 to 5 times per Month <input type="checkbox"/> More than 5 times per Month <input type="checkbox"/> Rarely

AGREEMENT

I hereby certify that the information given and all statements made herein are true and correct. I agree that the information I have provided may be used or shared with third parties conducting surveys, marketing activities or promotional offers of Pag-IBIG Fund and its partners. Any promotional offer of Pag-IBIG Fund may be emailed to me at the provided email address. Any telephone calls I make to Pag-IBIG Fund may be monitored and recorded for the purpose of providing quality customer service. In case of falsification, misrepresentation or any similar acts committed by the applicant Pag-IBIG Fund shall automatically suspend the benefits that can be secured through this card indefinitely.

I hereby agree to abide with the terms and conditions of this card program. I hereby agree to maintain my Pag-IBIG Fund membership status active and in good standing to enable me to avail the benefits of this card program. In the event that I do not abide with the terms and conditions of this program, the Pag-IBIG Fund has the right to deny me of any benefit under this card program.

I hereby authorize the Pag-IBIG Fund, its agents and representatives, upon application for any benefit relating to or under this card program, to conduct investigation deemed appropriate to ascertain my credit standing and financial capability in evaluating availment of such benefit; including but not limited to, request consumer reporting or reference agencies for consumer reports of my credit history and to disclose, submit, share or exchange any of my account information and reports to consumer reporting or reference agencies, government regulatory agencies, other banks, merchant partners or third party. The Credit information may also be transferred to service providers such as TransUnion (TU), Bankers Association of the Philippines – Credit Bureau, Credit Information Corporation, etc.

I hereby agree to the disclosures to be made by Pag-IBIG Fund in connection with this Agreement, provided the same are not contrary to law and public policy.

I hereby acknowledge that I shall bear the cost of my Loyalty Card and hereby allow my employer to collect from me or deduct from my salary the said amount, as payment for the said card upon due notice from Pag-IBIG Fund. If the corresponding card fee remains unpaid, I hereby allow Pag-IBIG Fund to deduct from any benefit due me the corresponding card fee/s should the same remain unpaid.

SIGNATURE OF MEMBER

DATE

NOTE: If you do not wish to receive emails containing promotional offers or find any incorrect information, you may send an email at publicaffairs@pagibigfund.gov.ph or call Tel. (02) 724-4244.

THIS PORTION IS FOR Pag-IBIG LOYALTY CARD ENROLLMENT KIOSK USE ONLY

RECEIPT OF APPLICATION					
APPLICATION THRU <input type="checkbox"/> Individual <input type="checkbox"/> Employer	TYPE OF ID PRESENTED	RECEIVED BY	DATE	REMARKS	
CONFIRMATION OF APPLICATION					
PFR NO.	PFR AMOUNT	PFR DATE	CONFIRMED BY	DATE	REMARKS

The Pag-IBIG Loyalty Card

Save 5% to 50% on medicines.
Discounts on tuition fees.
Price off on LPGs.

Partner Medicines

Partner Schools

Partner LPG

Initially available in Baguio, Cebu and Davao.