



Republic of the Philippines  
**Department of Education**  
REGION VII – CENTRAL VISAYAS  
Schools Division of negros oriental

**Office of the Schools Division  
Superintendent**

08 AUG 2021

DIVISION MEMORANDUM  
No. 603 , s. 2021

**Pag-IBIG SHORT TERM LOAN ONLINE APPLICATION**

To: Assistant Schools Division Superintendent  
Chief, CID and SGOD  
Public Schools District Supervisors/Districts In-Charge  
Elementary and Secondary School Heads  
All Others Concerned

1. This office disseminates to the field the letter of Felix A. Garan, Branch Head Pag-IBIG Dumaguete City dated July 27, 2021 on the online Pag-IBIG Short Term Loan Application about its new program for its members to avail, to enjoy a safer, more accessible and more convenient loan application.
2. For further details, please see attached letter.
3. For your information and proper guidance.

*Senen Paulin*  
**SENEN PRISCILLO P. PAULIN, CESO V**  
Schools Division Superintendent  
Office of the Schools Division Superintendent  
8/18/2021

SPP/MSP-JMA/CASH/PSU/MRV

f



**Address:**Kagawasan Avenue, Capitol Area, Daro, Dumaguete City  
**Telephone Nos.:**(035)225-2838 / 225-2376 / 422-7644  
**Email Address:**negros.oriental@deped.gov.ph



# Pag-IBIG Fund

(Home Development Mutual Fund)

RECEIVED  
NO.:  
DATE: AUG 11 2021  
TIME:  
BY:  
RECORD SECTION

HQP-SLF-139  
(V01, 11/2020)

July 27, 2021

DR. SENEN PRISCILLO P. PAULIN, CESO V  
SCHOOLS DIVISION SUPERINTENDENT  
DEP. ED. - DIVISION OF NEGROS ORIENTAL  
KAGAWASAN AVENUE, DARO,  
DUMAGUETE CITY, NEGROS ORIENTAL 6200

Dear Employer:

**We have made the application for our Short-Term Loans safer, more accessible, and more convenient for you and your employees via the Virtual Pag-IBIG!**

With the Online Short-Term Loan Application via the Virtual Pag-IBIG, your employees may now submit their Multi-Purpose Loan (MPL) and Calamity Loan applications online, anytime, and anywhere.

And, as their employer, enjoy unmatched convenience as you may now verify, confirm, and certify their Short-Term Loan applications online by enrolling your employer account to Virtual Pag-IBIG. No need to manually sign and transmit loan applications to our branches. All you need are a few clicks to help them file their Short-Term Loan applications!

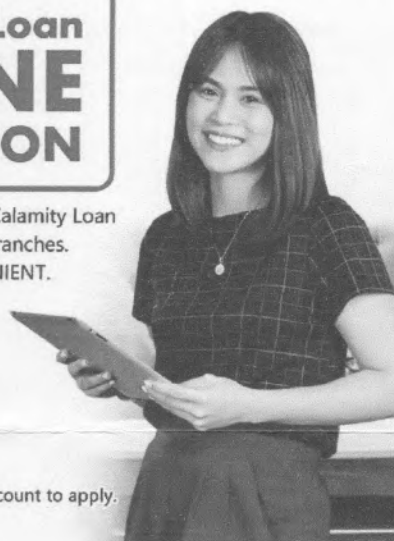


Get a Multi-Purpose Loan or Calamity Loan without having to go to our branches. It's SAFER and MORE CONVENIENT.

Apply now via



No need for a Virtual Pag-IBIG account to apply.



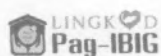
These enhanced services are available to all employees of our **Accredited Partner Employers**, provided that they are issued a **Pag-IBIG Loyalty Card Plus**. This will ensure that all your transactions are protected and secured.

**Start enjoying the convenience of the Online Short-Term Loan Application via the Virtual Pag-IBIG TODAY!** Please contact our authorized **Lingkod Pag-IBIG**: **Mr. Bernard R. Barrera**, **Mr. Christian C. Balasbas**, **Ms. Lineth T. Avanzado**, and **Mr. Gian Francis T. Gonzales** at **09175038274**, **09277517104**, **09064802994**, and **09774550807** respectively or via email: [dumaguete.me@pagibigfund.gov.ph](mailto:dumaguete.me@pagibigfund.gov.ph) to process enrollment and to schedule the issuance of the **Pag-IBIG Loyalty Card Plus** to your employees without **Pag-IBIG Loyalty Card Plus**.

Let us continue working together and be heroes for each other as we support the safety, security, and welfare of our Filipino workers.

Very truly yours,

**FELIX A. GARAN**  
BRANCH HEAD



DUMAGUETE BRANCH  
2F EROS Building, corner Real & V. Locsin Sts.,  
Dumaguete City, Negros Oriental 6200  
(035) 225-7713





## EMPLOYER'S VIRTUAL Pag-IBIG ENROLLMENT FORM

Pag-IBIG EMPLOYER ID NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

\*EMPLOYER/BUSINESS NAME

\*BUSINESS TAXPAYER IDENTIFICATION NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### ADDRESS AND CONTACT DETAILS

EMPLOYER/BUSINESS ADDRESS		AREA CODE	TELEPHONE NUMBER
Unit/Room No., Floor	Building Name		
Lot No, Block No., Phase No. House No	Street Name	Business (Direct Line)	
Subdivision	Barangay	Business (Fax)	
Municipality/City		Business (Trunk Line)	Local
Province	ZIP Code	Cell Phone	
		Business Email Address	

### AUTHORIZED APPROVING OFFICER

Name (Last Name, First Name, M.I)	Official Designation	Department

### EMPLOYER'S CERTIFICATION

I hereby designate the aforementioned as the Authorized Approving Officer for the Short-Term Loan (STL) application of our concerned employees. Further, I certify that the information given and all statements made herein are true and correct.

\_\_\_\_\_  
HEAD OF OFFICE/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 Virtual Pag-IBIG Enrollment Form (HQP-PFF-372) (1 Original)
2. Valid ID of Agency Authorized Officer (1 Photocopy, 1 Original)
3. Valid ID of Head of Agency or Authorized Signatory (1 Photocopy, 1 Original)

**THIS FORM MAY BE REPRODUCED. NOT FOR SALE.**

## GUIDELINES AND INSTRUCTIONS

### I. INSTRUCTIONS

1. Accomplish this form in one (1) copy.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. On the "CONTACT DETAILS" portion, indicate available contact information.
4. Submit duly accomplished form and required supporting documents based on the Checklist of Requirements.

### II. QUALIFICATIONS

The Authorized Approving Officer:

1. Must be a regular employee of the company with sufficient discretion from Human Resource Department.
2. Has access to the payroll data, specifically on the paying capacity of the employees of the agency.
3. Has access to service records of employees of the agency.
4. Have an active official company email account.

### III. DUTIES AND RESPONSIBILITIES

The designated Authorized Approving Officer shall:

1. Verify and confirm the employment status of the member-applicant as follows:
  - That the member-applicant is in active service in his/her agency/company and not on-leave of absence without pay.
  - That the member-applicant has no pending administrative and/or criminal case/s.
  - That the member-applicant is not separated or retired or deceased.
2. Ensure correctness and completeness of the data indicated in the online Short-Term Loan (STL) application.
3. Provide the Gross Monthly Income and Net Take Home Pay (NTHP) of the member-applicant and ensure that the same is sufficient to cover the regular monthly amortization of the loan applied for.
4. Confirm and submit employees online STL application in the system.

### IV. OTHERS

1. The designated Authorized Approving Authority for the employer's Virtual Pag-IBIG account must be among the approving/signing authority of the company/agency as reflected in the submitted Specimen Signature Form (SSF, HQP-PFF-003) of the employer.
2. In case there is/are changes/additional/replacement of the Authorized Approving Authority, the concerned employer must advise the concerned Pag-IBIG Branch and submit an updated SSF.



# SPECIMEN SIGNATURE FORM

HQP-PFF-003  
(V08, 07/2020)

### INSTRUCTIONS

1. Accomplish this form in one (1) copy.
2. Type or print all entries in BLOCK and CAPITAL LETTERS.
3. Please refer to the table below for the List of Authorized Signatories to certify and/or sign documents on various business transaction with the Fund. In case you have different authorized signatory/ies depending on the type of document, please specify or indicate in the "Type of Document" portion.
4. In case of revocation of the authority of the officials named in this form, secure and submit duly accomplished Employer's Change of Information Form (ECIF, HQP-PFF-106) and new Specimen Signature Form to any Pag-IBIG Branch.

CHECK APPROPRIATE BOX FOR AUTHORIZED SIGNATORY <input type="checkbox"/> NEW <input type="checkbox"/> ADDITIONAL <input type="checkbox"/> CHANGE/REPLACEMENT		Pag-IBIG EMPLOYER/HOUSEHOLD EMPLOYER ID NO.
EMPLOYER/BUSINESS NAME		EMPLOYER/BUSINESS ADDRESS

The following are hereby authorized to certify and/or sign documents on various business transactions of our company/business with the Fund:

AUTHORIZED SIGNATORY/IES		
NAME (Last Name, First Name, Name Extension, Middle Name)	NAME (Last Name, First Name, Name Extension, Middle Name)	NAME (Last Name, First Name, Name Extension, Middle Name)
OFFICIAL DESIGNATION	OFFICIAL DESIGNATION	OFFICIAL DESIGNATION
TYPE OF DOCUMENT/S TO BE SIGNED ONLY <i>(if applicable)</i>	TYPE OF DOCUMENT/S TO BE SIGNED ONLY <i>(if applicable)</i>	TYPE OF DOCUMENT/S TO BE SIGNED ONLY <i>(if applicable)</i>

SPECIMEN SIGNATURES		
1.	1.	1.
2.	2.	2.
3.	3.	3.
PERSON GRANTING AUTHORITY  _____ SIGNATURE OVER PRINTED NAME      _____ DESIGNATION/POSITION		DATE AUTHORITY GRANTED

### LIST OF SIGNATORIES FOR PERSON GRANTING AUTHORITY

- |   |  |
|---|--|
| 1. For Single Proprietorship - Owner                            | 6. For Household Employer - Any immediate members of the family, 18 years old and above or occupants of the house who are directly and regularly provided service by the Kasambahay. |
| 2. For Partnership - Managing Partner                           | 7. For Government Agency/Office/Unit - Head of the Agency/Office/Unit or its equivalent  |
| 3. For Corporation - President, Chairman or Corporate Secretary |  |
| 4. For Cooperative - Chairman or Corporate Secretary            |  |
| 5. For Trade Association - President or Chairman of the Board   |  |
- NOTE: In case the signatory for the Person Granting Authority shall be other than those listed above, a supporting document designating the authorized signatory shall be attached to the SSF (i.e. SPA, Authorization Letter, etc.).

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.