



MEMBERSHIP STATUS VERIFICATION SLIP

Branch/RO _____

Date Filed: _____ MSVS No. _____

Last Name	First Name	Middle Name	Maiden Name <i>(If married woman)</i>
Home Address			Tel. No.
Employer's Name			Employer ID No.
Employer's Address			Tel. No.

Status
 Single Married Widowed Legally Separated Others *(Pls. specify)* _____

For AFP Employee	Branch of Service	Serial/Account No.	
For DECS Employee	Division Code	Station Code	Employee No.

LOAN PURPOSE

- | | |
|--|--|
| <input type="checkbox"/> Additional Loan | <input type="checkbox"/> Purchase of HDMF acquired properties |
| <input type="checkbox"/> Home Improvement | <input type="checkbox"/> Purchase of a Residential Unit |
| <input type="checkbox"/> House Construction | <input type="checkbox"/> Purchase of Townhouse and Condominium Unit, inclusive of parking slot |
| <input type="checkbox"/> Purchase of a Fully Developed Lot | <input type="checkbox"/> Refinancing of an existing mortgage loan |
| <input type="checkbox"/> Purchase of Lot and Construction of a House | |

EMPLOYMENT HISTORY FROM DATE OF Pag-IBIG MEMBERSHIP

NAME OF EMPLOYER/ADDRESS	FROM (Mo./Yr.)	TO (Mo./Yr.)

Member's Signature

FOR Pag-IBIG FUND USE ONLY

COUNSELLED/PRE-QUALIFIED BY *(Housing Operations Group)* _____ Date _____

	With	Without	Verified by	Remarks
CLAIMS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
MPL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
HL/LP/HI	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Pag-IBIG Loan as of _____				

LATEST CONTRIBUTION RECORD			Total No. of Contributions
Month/Year	PFR No./Date	Amount	

Verified by	Date	Loan Entitlement
<i>For Provident Group</i>		<i>For NCR Housing/MLD-RO</i>

Certified by	Date	Certified by	Date
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Remarks	Remarks
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Attachments
 Certificate of Remittance Latest Payslip



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Remarks	Remarks
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