



# MEMBERSHIP REGISTRATION/REMITTANCE FORM

HDMF  
M1-1

- PRIVATE EMPLOYER       GOVERNMENT CONTROLLED CORP.  
 LOCAL GOVERNMENT       NATIONAL GOVERNMENT AGENCY

MONTH	YEAR
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*(Please read instructions at the back)*

NAME OF EMPLOYER	FOR PRIVATE EMPLOYER	EMPLOYER SSS NO.	FOR GOV'T EMPLOYER	AGENCY CODE	BRANCH CODE	REGION CODE
ADDRESS OF EMPLOYER	TIN	ZIP CODE	TELEPHONE NO/S.			

Pag-IBIG ID No./ DATE OF BIRTH	NAME OF EMPLOYEES			CONTRIBUTIONS		
	(Family Name)	First Name	Middle Name)	EMPLOYEE	EMPLOYER	TOTAL
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No. of Employees on this page	Total no. of Employees if last page
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TOTAL FOR THIS PAGE	P	P	P
GAND TOTAL (if last page)	P	P	P

FOR Pag-IBIG USE ONLY			
PERVALIDATION No.	TICKET DATE MM DD YY	AMOUNT P	
COLLECTING BANK		REMARKS	
TICKET DATE MM DD YY	RECONCILED BY	CHECKED BY	

CERTIFIED CORRECT BY:			
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