



MEMBERSHIP STATUS VERIFICATION SLIP

Branch/RO _____

Atrium of Makati, Makati Ave., Makati City
Tel. Nos.: 811-44-01 to 27 (Connecting all departments)

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

Acquisition of Lot/House & Lot
 Good Payor Home Improvement
 Additional Loan for House Construction
 Second Availment

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

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

	With	Without	Verified by	Remarks
CLAIMS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
MPL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
CLE	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
HL/LP/HI	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Pag-IBIG Loan as of _____

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

Employer Counterpart	Loan Factor	Monthly Compensation
<input type="checkbox"/> With <input type="checkbox"/> Without		₱

Verified by _____	Date _____	Approved by _____	Date _____
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Remarks _____

Attachments

Certificate of Remittance
 Latest Payslip
 Old CLE