



MEMBERSHIP REGISTRATION/REMITTANCE FORM

HDMF
M1-1

- PRIVATE EMPLOYER
 LOCAL GOVERNMENT UNIT

- GOVERNMENT CONTROLLED CORP.
 NATIONAL GOVERNMENT AGENCY

(Please read instructions at the back)

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

TIN/DATE OF BIRTH	NAME OF EMPLOYEES (Family Name First Name Middle Name)	CONTRIBUTIONS		
		EMPLOYEE	EMPLOYER	TOTAL
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	40.			

No. of Employees on this page	Total No. of Employees if last page
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TOTAL FOR THIS PAGE	₱	₱	₱
GRAND TOTAL (if last page)	₱	₱	₱

FOR Pag-IBIG USE ONLY			
PFR/VALIDATION No.	DATE MM DD YY	AMOUNT ₱	REMARKS
TICKET DATE MM DD YY	RECONCILED BY	CHECKED BY	

CERTIFIED CORRECT BY:	
SIGNATURE OVER PRINTED NAME	DATE
OFFICIAL DESIGNATION	PAGE NO. NO. OF PAGES

HOW TO ACCOMPLISH THIS FORM

- a. Please type or print all entries.
- b. Prepare this form in two (2) copies [three (3) copies for national government employers] every end of each calendar month when making remittances to Pag-IBIG Fund or to any collecting agent

Schedule of Payments

First letter of Employer's/Company Name	Due Date
A to D	10th to the 14th day of the month
E to L	15th to the 19th day of the month
M to Q	20th to the 24th day of the month
R to Z	25th to the end of the month

- c. For employer with branch offices, please prepare separate Membership Registration/Remittance Form (MRRF) for each branch indicating therein their respective addresses.

Take note that the maximum Monthly Compensation (MC) of Pag-IBIG I employee-members is P5,000.00. However, those with MC over P5,000.00 may declare their actual salary levels for computing their monthly Pag-IBIG contribution. For purposes of computing the Employee's/Employer's contribution, please be guided by the following.

MONTHLY COMPENSATION (BASIC + COLA)	EEs*	ERs**	TOTAL
Up to P1,500.00	1%	2%	3%
P1,501.00-P5,000.00	2%	2%	4%
Over P5,000.00	2% of MC	2% of P5,000.00***	

- *EEs - Employee's share
- **ERs - Employer's share
- *** The employer may match his employee's contributions based on their higher MC

If the employer provides only the mandatory counterpart, which is up to P100.00, the employee has the option to shoulder the ER counterpart for the portion of his MC over P5,000.00

- d. For national government agencies, indicate the employee and employer contributions in the report but remit only the employee's share. The employer's share will be to the Department of Budget and Management.

For local government and controlled corporations, remit employee's share together with employer's counterpart

- e. Non-payment of contributions shall subject the employer to a three percent (3%) penalty per month of the amount payable from the date the contributions fall due until paid (Sec. 22 of PD 1752)

- 1 Put an "X" mark to indicate employer classification.
- 2 When making remittances to Pag-IBIG Fund, indicate the applicable month and year of contribution.
- 3 Print name of the employer.
- 4 For private employers, indicate your Employer SSS ID
- 5 For government employers, indicate your Agency, Branch and Region
- 6 Print the full address of the employer.

For employer with branch offices, please prepare separate MRRF for each branch indicating therein their respective addresses.

- 7 Indicate employer's Tax Identification No. (TIN)
- 8 Indicate the zip code.
- 9 Indicate the telephone number/s of the employer.
- 10 Indicate the correct Tax Identification No. (TIN) of your employees to ensure the contributions are credited to their respective accounts. If an employee has no Pag-IBIG ID No. yet, write down his birth date in numeric format. Example March 20, 1956, shall be written 03/20/56.
- 11 List the name of your employees. This may be for the purpose of registering your employees for Pag-IBIG membership or for remitting contributions.
- 12 Indicate the amount of employee contributions. Do not round off nor drop centavos.
- 13 Indicate the amount of employer counterpart contributions. Do not round off nor drop centavos.
- 14 Indicate the total amount of employee and employer contributions.
- 15 Indicate the number of employees listed in this page.
- 16 Indicate the total number of employees listed if this is the last page of the listing.
- 17 Indicate the total amount of employee contributions (under column 12), the total amount of employer contributions (under column 13) and the total amount of employee and employer contributions (under column 14)
- 18 Indicate the grand total of employee contributions (under column 12), the grand total of employer contributions (under column 13) and the grand total of employee and employer contributions (under column 14) if this is the last page.
- 19 Indicate the number of this page.
- 20 Indicate the total number of pages of this listing.

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PRIVATE EMPLOYER GOVERNMENT CONTROLLED
 LOCAL GOVERNMENT UNIT CORP.

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MI-1

(Please read instructions at the back)

NAME OF EMPLOYER		FOR PRIVATE EMPLOYER	EMPLOYER SSS NO.	FOR GOVT EMPLOYER	AGENCY CODE	BRANCH CODE	REGION CODE
ADDRESS OF EMPLOYER		TIN	ZIP CODE	TELEPHONE NOS.			
TIN/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	TOTAL FOR THIS PAGE	GRAND TOTAL (if last page)

FOR Pag-IBIG USE ONLY		CERTIFIED CORRECT BY	
PRIVILEGATION NO.	DATE	SIGNATURE OVER PRINTED NAME	DATE
MM DD YY	MM DD YY		
AMOUNT	REMARKS	OFFICIAL DESIGNATION	PAGE NO. NO. OF PAGES

NOTE: NEW REGISTRANTS SHALL PROVIDE TIN AND DATE OF BIRTH
THIS FORM CAN BE REPRODUCED. NOT FOR SALE