



Republic of the Philippines
Department of Education
Region VII – CENTRAL VISAYAS
SCHOOLS DIVISION OF BOHOL

Office of the Schools Division
Superintendent

January 7, 2021

DIVISION MEMORANDUM

No. 014, s. 2020

**DIVISION PROCESSING OF PAG-IBIG REMITTANCES
STARTING FOR THE MONTH OF February 2021**

To : Assistant Schools Division Superintendents
Chief SGOD and OIC Chief-CID
Education Program Supervisors
Public Schools District Supervisors & OIC-PSDS
Secondary School Heads for Implementing Units
Heads of Functional Units/Sections

1. This office announces to the concerns Secondary Schools Implementing Units in compliance to Memorandum MLA-2020-0159 dated December 23, 2020 from the Office of the OIC-Regional Director, Dr. Salustiano T. Jimenez, JD., EdD, CESO V to implement the division processing of Pag-Ibig Remittances starting for the month of February 2021.
2. After the conduct of orientation of the Pag-Ibig representative to all Senior Bookkeepers of the 54 Implementing Units last January 6, 2021, the aforementioned schools are directed to process the application of Pag-Ibig Employer's Data Form (EDF) following the sequence of school signatories for the Specimen Signatures: 1. Principal/School Head 2. Administrative Officer II/Designated Admin. Officer 3. Administrative Assistant III (Senior Bookkeeper)
3. The deadline for submission of duly accomplished hard copy of Pag-Ibig Forms EDF & SSF will be on or before January 15, 2021 to Ms. Arlene A. Aparicio at the Division Payroll Service Unit, Schools Division Office, Tagbilaran City
4. For more queries, please contact Ms. Arlene A. Aparicio through contact number 0920-969-7192 or email add: arlene.aparicio@deped.gov.ph
5. For the information, guidance and strict compliance of all concerned.

f. Casim A. Cuberte 1/8/21
BIANITO A. DAGATAN EdD, CESO V
Schools Division Superintendent





EMPLOYER'S DATA FORM (EDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG EMPLOYER ID NUMBER	
REGISTRATION TRACKING NUMBER	

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. All fields which are marked with asterisk (*) are mandatory.
5. On the "INDUSTRY" portion, indicate industry based on the List of Industry at the back of the form.
6. Submit duly accomplished form and present required supporting documents based on the Checklist of Requirements found at the back of the form.

*EMPLOYER/BUSINESS NAME					
ADDRESS AND CONTACT DETAILS					
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor			Building Name		
Lot No., Block No., Phase No. House No			Street Name		
Subdivision			Barangay		
Municipality/City			Province		
ZIP Code			AREA CODE TELEPHONE NUMBER		
			Business (Direct Line)		
			Business (Fax)		
			Business (Trunk Line) Local		
			Cell Phone		
			Business Email Address		
EMPLOYER/BUSINESS DETAILS					
START OF BUSINESS OPERATION m m d d y y y y		*INDUSTRY	*WITH RETIREMENT PLAN <input type="checkbox"/> Yes <input type="checkbox"/> No	PHILIPPINE BUSINESS REGISTRY No.	DATE OF ISSUANCE
*BRANCH/OFFICE <input type="checkbox"/> Head Office <input type="checkbox"/> Branch (Please Specify) _____		*TYPE OF EMPLOYER <input type="checkbox"/> Private <input type="checkbox"/> Government	DTI/SEC/CDA REGISTRATION CERTIFICATE No.	DATE OF ISSUANCE	
For Private Employers *LEGAL PERSONALITY <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		<input type="checkbox"/> Cooperative/Trade Association <input type="checkbox"/> Foreign-owned Corporation	*TAXPAYER IDENTIFICATION NUMBER (TIN) _____	For Private Employers SSS Employer Number _____	Date of Registration m m d d y y y y
For Government Employers *CLASSIFICATION <input type="checkbox"/> National Government <input type="checkbox"/> Local Government Unit (LGU)		<input type="checkbox"/> Constitutional Office <input type="checkbox"/> Government-Owned and Controlled Corporation (GOCC)/ Government Financial Institution (GFI)	For Government Employers GSIS BUSINESS PARTNER No. _____	AGENCY/BRANCH/DIVISION CODE _____	
PREVIOUS EMPLOYER/BUSINESS NAME (If applicable)					

I HEREBY 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	APPROVED BY	DATE
_____	_____	_____	_____

LIST OF INDUSTRY

- Agriculture, Forestry and Fishing
- Mining and Quarrying
- Manufacturing
- Electricity, Gas, Steam and Air Conditioning Supply
- Water Supply; Sewerage, Waste Management and Remediation Activities
- Construction
- Wholesale and Retail Trade; Repair of Motor Vehicles and Motorcycles
- Transportation and Storage
- Accommodation and Food Service Activities
- Information and Communication
- Financial and Insurance Activities
- Real Estate Activities
- Professional, Scientific and Technical Activities
- Administrative and Support Service Activities
- Public Administration and Defense; Compulsory Social Security
- Education
- Human Health and Social Work Activities
- Arts, Entertainment and Recreation
- Other Service Activities
- Activities of Households as Employers; Undifferentiated Goods-and-Services-Producing Activities of Households for Own Use
- Activities of Extra-Territorial Organizations and Bodies

CHECKLIST OF REQUIREMENTS

1. Employer's Data Form (EDF [HQP-PFF-002])
 2. Specimen Signature Form (SSF [HQP-PFF-003])
 3. Present the following as proof of business existence:
 - SSS Certification (if already registered with SSS)
 - Business Permit/Mayor's Permit
- For Sole Proprietorship
- Department of Trade and Industry (DTI) Certificate of Registration
- For Partnership/Corporation/Foreign-Owned Corporation
- Securities and Exchange Commission (SEC) Certificate of Partnership/Incorporation
 - Approved Articles of Partnership/Incorporation and By-Laws
 - Board Resolution concerning Authorized Signatory/ies
- For Cooperative
- Cooperative Development Authority (CDA) Certificate
 - Approved Articles of Cooperation
- For Trade Association
- Securities and Exchange Commission (SEC) Certificate of Incorporation
 - Articles of Incorporation and By-Laws



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 (if applicable)	TYPE OF DOCUMENT/S TO BE SIGNED ONLY (if applicable)	TYPE OF DOCUMENT/S TO BE SIGNED ONLY (if applicable)
SPECIMEN SIGNATURES		
1.	1.	1.
2.	2.	2.
3.	3.	3.
PERSON GRANTING AUTHORITY		DATE AUTHORITY GRANTED
SIGNATURE OVER PRINTED NAME		DESIGNATION/POSITION

LIST OF SIGNATORIES FOR PERSON GRANTING AUTHORITY

1. For Single Proprietorship - Owner
 2. For Partnership - Managing Partner
 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
 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.
 7. For Government Agency/Office/Unit - Head of the Agency/Office/Unit or its equivalent
- 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.



SPECIMEN SIGNATURE FORM

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

INSTRUCTIONS

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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.
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OFFICIAL DESIGNATION	OFFICIAL DESIGNATION	OFFICIAL DESIGNATION
TYPE OF DOCUMENT/S TO BE SIGNED ONLY (if applicable)	TYPE OF DOCUMENT/S TO BE SIGNED ONLY (if applicable)	TYPE OF DOCUMENT/S TO BE SIGNED ONLY (if applicable)
SPECIMEN SIGNATURES		
1.	1.	1.
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LIST OF SIGNATORIES FOR PERSON GRANTING AUTHORITY

8. For Single Proprietorship - Owner
- For Household Employer - Any immediate members of the family, 18 years