



## MEMBERSHIP STATUS VERIFICATION SLIP

Date Filed: \_\_\_\_\_ MSVS No. \_\_\_\_\_

Last Name	First Name	Middle Name	Maiden Name <i>(For married women)</i>
Home Address			Tel. No.
Company/Employer/Business Name			Employer ID No.
Company/Employer/Business Address			Tel. No.

Status  
 Single  Married  Widow/er  Legally Separated  Annulled

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

<input type="checkbox"/> Additional Loan	<input type="checkbox"/> Purchase of Pag-IBIG 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 Residential Unit	

**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 *(Counseling Section/ Servicing Section)* \_\_\_\_\_ 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	Month/Year	PFR No./Date	Amount	Total No. of Contributions

Maximum Allowable Rate (MAR)

Verified by	Date	Loan Entitlement
<i>For Provident Benefits Division</i>		<i>For Servicing Department/Section</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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