



REQUEST FOR CONSOLIDATION/ MERGING OF MEMBER'S RECORDS

_____ Date

Dear Sir/Madam:

I would like to request for the consolidation/merging of my membership records with the following information:

Pag-IBIG MID Number : _____

Member's Name : _____
Last Name First Name Name Extension Middle Name

Present Home Address : _____

Marital Status : Single/Unmarried Widow/er Annulled
 Married Legally Separated

Contact Number : _____

Employer/Business Name : _____

Employer/Business Address : _____

Employer/Business Contact No. : _____

Purpose of Consolidation/Merging : Short-Term Loan (STL) Application
 Application for Provident Benefits Claim
 Others, *please specify* _____

Previous Employer/Business Name	Previous Employer/Business Address	Inclusive Date(s)
1.		
2.		
3.		
4.		
5.		

Requesting Pag-IBIG Fund Branch: _____

Requested by:

Processed by:

Member's Name and Signature

Name and Designation of Authorized Signatory

Approved by:

Name and Designation of Authorized Signatory