

## **SHORT-TERM LOAN** REMITTANCE FORM (STLRF)

Pag-IBIG EMPLOYER'S ID NUMBER	

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EMPLOYER/	BUSINESS NAME										
EMPLOYER/ Unit/Room No	BUSINESS ADDRESS o., Floor	S Building Name	Lot No.	, Block No., Phase	No. House No.	period covered  Street Name					
Subdivision	Barangay	Municipality	/City	Province/State/	Country (if abroad)	ZIP Code	TELEPHONE N	JMBER			
Pag-IBIG MID NO.	APPLICATION NO.	Last Name	NAME O	OF MEMBERS  Name Extension (Jr., III, etc.)	Middle Name	LOAN TYPE (e.g., MPL, Calamity Loan)	AMOUNT	EMPLOYER REMARKS			
TOTAL FOR TH	IIS PAGE						_				
GRAND TOTAL	P P										
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I he further certify	ereby certify under pai that my signature app	n of perjury that the earing herein is ger	information of	EMPLOYER CER given and all states thentic.		are true and correct to the b	est of my knowled	ge and belief. I			
HEAD (	OF OFFICE OR AUTHO (Signature Over Pri	nted Name)			DESIGNATION		DA	TE			

## **GUIDELINES AND INSTRUCTIONS**

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- a. Type or print all entries in BLOCK or CAPITAL LETTERS.
- Accomplish this form in softcopy when making remittances to Pag-IBIG Fund or to any accredited collecting partner on or before the fifteenth (15<sup>th</sup>) day of the month.
- c. A separate Short-Term Loan Remittance Form (STLRF) should be accomplished per type of payment (whether cash or check payment) and in case Credit Memo shall be applied as payment to the Fund.
- d. In case there is a correction in the remittance which resulted to overpayment, the employer shall advise the Fund. Once validated, a Notice of Overpayment and Credit Memo shall be issued to the employer. From the date of issuance of the said Notice, the employer may request, not later than six (6) months for refund of the excess amount or have it applied to the future remittance with the Fund.
- e. The total amount to be remitted should be equal to the total amount reflected on the STLRF. Check payments should be made payable to Pag-IBIG Fund and shall be posted upon clearing (clearing policy shall not be applicable to National Government Agency (NGA), instead payment shall be posted within 72 hours upon receipt of collection).

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EMPLOYER BUSINESS NUMB  EMPLOYER BUSINESS NOORESS UNBROOM No. Floor Sul	2	A	PERIOD CONE	100					
Scontin Manager	Iding Name LorNo, Slock No, Phase No. House No.  Significant Provinces asset County (Factors)	StreetName o) ZP Code	TELECHONEN	(4)					
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6 7	(8) (5 m)	9	10	1)					
TOTAL FOR THE PAGE (2) GROND TOTAL (FEETINGS) (13)			p p						
DIRECTOR CONTINUATION  Thereby certify under pain of perjuny that the information given and all externents made herein are true and corrector the beatrof my knowledge and ballet 1 further certify therein algorithms agreement and authoritis.									
HELD OF OFFICE OR JUTHORIZED REPRESENTATIVE DESIGNATION POSITION DATE (Signature Organization Army)									
	THIS FORM MAY BE REPRODUCED. NOT FO	OR SALE.		Vict securé					

f. Failure or refusal of the Employer to pay or to remit the contributions herein prescribed shall not prejudice the right of the covered employee to the benefits under the Fund. Such Employer shall be charged a penalty equivalent to 1/10 of 1% per day of delay of the amount due starting on the first day immediately following the due date until the date of full settlement.

Pag-IBIG Employer's ID No. – assigned Pag-IBIG Employer's ID Number.

Employer/Business Name – per DTI/SEC Registration.

Employer/Business Address - indicate Unit/Room No., Floor, Building Name or Lot No., Block No., Phase No. or House No. and Street Name, Subdivision, Barangay, Municipality/City, Province, and ZIP Code.

Period Covered – indicate the applicable month and year of MS remittance in the following format: yyyy/mm.

**Telephone Number** – indicate current telephone number.

Pag-IBIG MID No. – indicate the borrower's assigned Pag-IBIG Membership Identification (MID) Number.

Application No. – indicate the borrower's loan application number per type of loan.

8 Name of Borrower – indicate borrower's complete name in the following format: Last Name, First Name, Name Extension (Jr., III, etc.), Middle Name

9 Loan Type – indicate if payment is intended for Multi-Purpose Loan (MPL) or Calamity Loan (CL) in the following format: MPL or CL

Amount – indicate the amount due as indicated in the latest billing statement

Employer Remarks – accomplish this portion only to report changes in the borrower's employment status and to update any information regarding the borrower. Indicate the appropriate code and effectivity date in the following formate (mm/dd/yy) on the space provided. Please refer to the following codes and examples.

- Newly Hired Examples - Leave Without Pay/AWOL 1 1. N: 1/4/2013 RS - Resigned/Separated 2. L: 1/21/2013 RT - Retired 3. RS: 1/3/2013 D - Deceased 4. D: 1/14/2013 0 - Others, please specify reason

12 Indicate the total amount due per page.

Indicate the grand total of the total amount due if this is the last page.

**Employer Certification** - to be accomplished and duly signed by the Head of Office/Authorized Representative.