



ACCREDITATION INFORMATION SHEET

INSTRUCTIONS

1. Accomplish this form in two (2) copies.
 2. Type or print all entries in BLOCK and CAPITAL LETTERS.
 3. Submit all required documents specified in the Checklist of Requirements (HQP-HLF-191).
- NOTE:** All information and documents obtained from the Collection Agencies shall be held with **STRICT CONFIDENTIALITY** and for Pag-IBIG Fund use only.

Pag-IBIG EMPLOYER'S ID NUMBER

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REGISTRATION TRACKING NUMBER

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GENERAL INFORMATION

BUSINESS NAME				START OF BUSINESS OPERATION <i>(mm/dd/yyyy)</i>							
BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Blk No., Phase No., House No. Street Name				COUNTRY + AREA CODE TELEPHONE NUMBER Business (Direct Line)							
Subdivision		Barangay		Municipality/City		Province		Zip Code		Business (Fax)	
LENGTH OF STAY IN BUSINESS ADDRESS <i>(in years)</i>		PHILIPPINE ASSOCIATION OF COLLECTION AGENCIES INC. (PACAI) MEMBER? <input type="checkbox"/> Yes, since when? _____ <input type="checkbox"/> No						Business (Trunk Line)		Local	
SEC/DTI REGISTRATION NO.		DATE OF ISSUANCE		TIN		Cell Phone Number		Business (Trunk Line)		Local	
DOLE REGISTRATION NO.		DATE OF ISSUANCE		SSS/GSIS NO.		Business Email Address		Business (Trunk Line)		Local	
LEGAL PERSONALITY <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Others, <i>(pls. specify)</i> _____				CLIENT INDUSTRY <input type="checkbox"/> Banking <input type="checkbox"/> Telephone Company <input type="checkbox"/> Credit Card <input type="checkbox"/> Others, <i>(pls. specify)</i> _____							

PROPRIETOR/PARTNERS/STOCKHOLDERS

(Use additional sheet, if necessary)

NAME	ADDRESS	CONTACT NO/S.

CLIENT REFERENCES

(Use additional sheet, if necessary)

NAME	ADDRESS	CONTACT NO/S.

TRACK RECORD

NAME OF CLIENT	NATURE OF CONTRACT AND AMOUNT	CONTRACT PERIOD

CERTIFICATION

I certify that the foregoing information/statement is to my knowledge, true, correct, complete, and updated. The signature appearing below is genuine. I hereby authorize Pag-IBIG Fund to conduct verification or take such other steps or measures that it may consider appropriate to establish the correctness, validity, and authenticity of all the details stated on this document as well as the other documents that I have submitted from whatever source.

Head of Office/Authorized Representative
(Signature over Printed Name)

Designation/Position

Date

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY	DATE	APPROVED BY	DATE