



SPECIMEN SIGNATURE FORM

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 in all business transaction with the Fund.
4. Should there be any 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.

EMPLOYER/BUSINESS NAME	Pag-IBIG EMPLOYER/HOUSEHOLD EMPLOYER ID NO.
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The following are hereby authorized to certify and/or sign documents in all 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

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

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| 1. For Single Proprietorship – Owner | 5. For Trade Association – President or Chairman of the Board |
| 2. For Partnership – Managing Partner | 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. |
| 3. For Corporation – President, Chairman or Corporate Secretary | |
| 4. For Cooperative – Chairman or Corporate Secretary | |
- 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.