



REQUEST FOR CONSOLIDATION/MERGING OF MEMBER'S RECORDS (RCMMR)

HQP-PFF-093
(V06, 04/2023)

INSTRUCTIONS

1. This form shall be accomplished in one (1) copy.
2. Print in BLOCK/CAPITAL LETTERS.
3. Submit the duly accomplished form together with required supporting documents to any Pag-IBIG Fund Branch.

MEMBER'S INFORMATION

Pag-IBIG MID No. : _____

Member's Name : _____
Last Name First Name Name Extension (e.g. Jr.,II) Middle Name

Date of Birth : _____

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

Contact No. : _____

Email Address : _____

PRESENT EMPLOYER INFORMATION

Employer/Business Name : _____

Employer/Business Address : _____

Employer/Business Contact No. : _____

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

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

REQUESTED BY:

Signature of Applicant Over Printed Name

Date

THIS PORTION IS FOR Pag-IBIG FUND USE ONLY

REQUESTING PAG-IBIG FUND BRANCH:

RECEIVED BY:

PROCESSED BY:

APPROVED/DISAPPROVED BY:

(SIGNATURE OVER PRINTED NAME)
(POSITION/DESIGNATION)

(SIGNATURE OVER PRINTED NAME)
(POSITION/DESIGNATION)

(SIGNATURE OVER PRINTED NAME)
(POSITION/DESIGNATION)

Date: _____

Date: _____

Date: _____

REMARKS:

CHECKLIST OF REQUIREMENTS

1. Request for Consolidation/Merging of Member's Records (RCMMR, HQP-PFF-093) (1 Original)
2. Valid ID acceptable to the Fund (1 Photocopy)
3. SSS Employment History (1 Photocopy)

Notes:

- a. If through authorized representative, submit RCMMR, authorization letter and valid ID of both parties.
- b. In all instances wherein photocopies are submitted, the original documents must be presented for authentication.