## MODIFIED Pag-IBIG II REGISTRATION FORM (MP2RF)

modulization in the first term (iii zitii)		
Pag- IRIG INSTRUCTIONS		FOR HDMF USE ONLY
Type or print all entries in BLOCK or CAPITAL LETTERS.		MP2 ACCOUNT NO.
Submit this form and present at least one (1) valid ID.		
LAST NAME FIRST NAME NAME EXTENSION (e.g., Jr., III) MIDDL	E NAME NO MIDDLE NAME (Check if applicable)	Pag-IBIG MID No./REGISTRATION TRACKING No.
PRESENT HOME ADDRESS(Unit/Room No., Floor, Building Name or Lot No., Block I	No., Phase No. and Street Name)	DATE OF BIRTH (mm/dd/yyyy)
(Subdivision, Barangay, Municipality/City, Province and State/Country, if abroad)	ZIP Code	CONTACT DETAILS COUNTRY+ AREA CODE TELEPHONE NUMBERS Home
EMPLOYER NAME		
		Cell phone
EMPLOYER ADDRESS (Unit/Room No., Floor, Building Name or Lot No., Block No., I	Phase No. and Street Name)	
	,	Email Address
(Subdivision, Barangay, Municipality/City, Province and State/Country, if abroad)	ZIP Code	GROSS MONTHLY INCOME
AUTHORITY TO DEDUCT (For locally-employed members)		
THIS IS TO AUTHORIZE MY PRESENT AND FUTURE EMPLOYER TO DEDUCT MY MP2 MANOUNT OF	NONTHLY CONTRIBUTIONS IN THE AND REMIT THE SAME TO HDMF.	
SIGNATURE OF MEMBER OVER PRINTED NAME  TERMS AND CONDITIONS		
TERMIS AND CONDITIONS		
I HEREBY CERTIFY THAT I FULLY UNDERSTAND THE PROGRAM AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS:		RENEW FOR ANOTHER FIVE (5) YEARS. IF I DID NOT MATURITY, THE DIVIDEND RATE SHALL BE SUBJECT TO
THE MP2 PROGRAM IS OPEN TO ALL Pag-IBIG I MEMBERS ONLY.     THE REGISTRATION UNDER THIS PROGRAM SHALL BE SOLELY A SAVINGS SCHEME.     THE MINIMUM CONTRIBUTION IS P500.00.		RMATION, I SHALL ACCOMPLISH THE MEMBER'S CHANGE DIMMEDIATELY NOTIFY HDMF.
THE ANNUAL DIVIDENDS SHALL BE CREDITED TO MY ACCOUNT IN ACCORDANCE WITH EXISTING HOMF POLICY.      THE MEMBERSHIP TERM SHALL BE FIVE (5) YEARS RECKONED FROM DATE OF INITIAL.	ALL STATEMENTS MADE HEREIN ARE	F PERJURY THAT THE INFORMATION GIVEN AND ANY OR F TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE F APPEARING HEREIN IS GENUINE AND AUTHENTIC.
THE MEMBERSHIP IERM SHALL BE FIVE (3) TEARS RECROIVED FROM DATE OF INITIAL PAYMENT OF CONTRIBUTIONS UNDER THIS PROGRAM.      UPON MATURITY, I SHALL RECEIVE MY TOTAL SAVINGS WITH DIVIDENDS.	AND DELIEF AND ITIAT INT SIGNATOR	LATELANNO HEREIN IS GENORIE AND AUTHENTIC.
o. S. S. M. M. G. M. I. STINEE REDEIVE MIT TO THE GAVINGS WITH DIVIDENDS.	SIGNATURE OF MEMBER OVER	PRINTED NAME DATE

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

7/2010 FPF096

## MODIFIED Pag-IRIG II REGISTRATION FORM (MP2RE)

WODIFIED Pay-IDIG II REGISTRATION FORW (WFZRF)		
Pag- IBIG INSTRUCTIONS	FOR HDMF USE ONLY	
Type or print all entries in BLOCK or CAPITAL LETTERS.     Submit this form and present at least one (1) valid ID.	MP2 ACCOUNT NO.	
LAST NAME FIRST NAME NAME EXTENSION (e.g., Jr., III) MIDDLE NAME NO MIDDLE NAME (Check if applicable)	Pag-IBIG MID No./REGISTRATION TRACKING No.	
PRESENT HOME ADDRESS(Unit/Room No., Floor, Building Name or Lot No., Block No., Phase No. and Street Name)	DATE OF BIRTH (mm/dd/yyyy)	
(Subdivision, Barangay, Municipality/City, Province and State/Country, if abroad)  ZIP Code	CONTACT DETAILS COUNTRY+ AREA CODE TELEPHONE NUMBERS Home	
EMPLOYER NAME		
	Cell phone	
EMPLOYER ADDRESS (Unit/Room No., Floor, Building Name or Lot No., Block No., Phase No. and Street Name)		
	Email Address	
(Subdivision, Barangay, Municipality/City, Province and State/Country, if abroad)  ZIP Code	GROSS MONTHLY INCOME	
AUTHORITY TO DEDUCT (For locally-employed members)		
THIS IS TO AUTHORIZE MY PRESENT AND FUTURE EMPLOYER TO DEDUCT MY MP2 MONTHLY CONTRIBUTIONS IN THE AMOUNT OF	SIGNATURE OF MEMBER OVER PRINTED NAME	
TERMS AND CONDITIONS		

- I HEREBY CERTIFY THAT I FULLY UNDERSTAND THE PROGRAM AND AGREE TO THE 7. UPON MATURITY, I MAY OPT TO RENEW FOR ANOTHER FIVE (5) YEARS. IF I DID NOT FOLLOWING TERMS AND CONDITIONS:

- THE MP2 PROGRAM IS OPEN TO ALL Pag-IBIG I MEMBERS ONLY.
  THE REGISTRATION UNDER THIS PROGRAM SHALL BE SOLELY A SAVINGS SCHEME.
  THE MINIMUM CONTRIBUTION IS P500.00.
  THE ANNUAL DIVIDENDS SHALL BE CREDITED TO MY ACCOUNT IN ACCORDANCE WITH EXISTING HOMF POLICY.
  THE MEMBERSHIP TERM SHALL BE FIVE (5) YEARS RECKONED FROM DATE OF INITIAL PAYMENT OF CONTRIBUTIONS UNDER THIS PROGRAM.
- 6. UPON MATURITY, I SHALL RECEIVE MY TOTAL SAVINGS WITH DIVIDENDS.
- I FURTHER CERTIFY UNDER PAIN OF PERJURY THAT THE INFORMATION GIVEN AND ANY OR ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE
- EXISTING HDMF POLICY.
  IN CASE OF ANY CHANGE IN INFORMATION, I SHALL ACCOMPLISH THE MEMBER'S CHANGE OF INFORMATION FORM (MCIF) AND IMMEDIATELY NOTIFY HDMF.
- AND BELIEF AND THAT MY SIGNATURE APPEARING HEREIN IS GENUINE AND AUTHENTIC.
- SIGNATURE OF MEMBER OVER PRINTED NAME

DATE