

SHORT-TERM LOAN REMITTANCE FORM (STLRF)

Pag-IBIG EMPLOYER'S ID NUMBER

2014-4443-0009

NOTE: PLEASE READ INSTRUCTIONS AT THE BACK.

EMPLOYER/BUSINESS NAME KOLIN MARKETING INC											
EMPLOYER/ Unit/Room N	BUSINESS ADDRESS o., Floor	Building Name KOLIN BLDG	KOLIN BLDG 1854			Street Name STA. RITA ST.	PERIOD COVERED MARCH 2020				
Subdivision	Barangay BUADALUPE NUI	Municipality EVO, MAKATI		Province/State	/Country (if abroad)	ZIP Code 1212	TELEPHONE N 8852-647				
Pag-IBIG MID NO.	APPLICATION NO.	Last Name	NAME C	Name Extension (Jr., III, etc.)	Middle Name	LOAN TYPE (e.g., MPL, Calamity Loan)	AMOUNT	EMPLOYER REMARKS			
101000392840		DADIOS,	JEOFFREY		TRISTE	MPL	1,645.72				
101000401364		FLORES,	MART NATHAN	NIEL	REYES	MPL	1,634.60				
TOTAL FOR THIS PAGE											
TOTAL FOR THIS PAGE P 3,280.32 GRAND TOTAL (if last page) 3,280.32							P 3,280.32				
			ı	EMPLOYER CEI	RTIFICATION						
I hereby certify under pain of perjury that the information given and all statements made herein are true and correct to the best of my knowledge and belief. I further certify that my signature appearing herein is genuine and authentic.											
	MR. OLIVER M.	FILOTEO			Executive Vice President						
HEAD OF OFFICE OR AUTHORIZED REPRESENTATIVE DESIGNATION/POSITION DATE (Signature Over Printed Name)											
•					DUCED NOT FO						

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 (15th) 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).

NOTE PLEISE REID INST	SHORT-TERM LO MITTANCE FORM (Regions con	HQ PLOYER'S ID NUI	P-SLF-017			
ENDLOYER BUSINESS NO	(2)			PERIOD CONS	NEO .			
UniRison No. Floor Sulding Name LotNo. Block No. Phase No. House No. Smeethame								
account on Atlant	ак, коледанусту испека	Barcoony (rabioso)	SYGNO) ZP COOL TELEPHONE NUMBER (5)					
6 7	NO. (8) (7) (7) (8)		9	10	1			
TOTAL FOR THIS POSS	(12)							
чинамо потас (участуада)	(13)	CERTIFICATION		P				
IMPLOYER: CERTIFICATION Thereby certify under gain of genjuny than he information given and all examenes made herein are true and corrector the best of my knowledge and belief. I further certify that my alignature appearing herein is genuthe and authentic.								
HELD OF OFFICE OR (Sprace)	SUTHICRIZED REPRESENTATIVE SvenPrimed Name	(14) DESIGNATION POST	TON	Di	ITE .			
	THIS FORM MAY BE REP	RODUCED, NOT FOR SALE	:		Vict mode			

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

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

2 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

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

Membership Identification (MID) Number.

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

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 1 - Leave Without Pay/AWOL **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

) 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.