

Pag-IBIG EMPLOYER'S ID NUMBER

2014-4443-0009

EMPLOYER/BUSINESS NAME
KOLIN MARKETING INC

EMPLOYER/BUSINESS ADDRESS

Unit/Room No., Floor

Building Name

Lot No., Block No., Phase No. House No.

Street Name

PERIOD COVERED

MARCH 2020

Subdivision

Barangay

Municipality/City

Province/State/Country (if abroad)

ZIP Code

TELEPHONE NUMBER

GUADALUPE NUEVO, MAKATI CITY

1212

8852-6473

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TOTAL FOR THIS PAGE	
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P 3,280.32

GRAND TOTAL (if last page)	
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3,280.32

EMPLOYER CERTIFICATION

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
(Signature Over Printed Name)

DESIGNATION/POSITION

DATE _____

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

GUIDELINES AND INSTRUCTIONS

- 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 Number.

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 Membership Identification (MID) Number.

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

Name of Borrower – indicate borrower's complete name in the following format: *Last Name, First Name, Name Extension (Jr., III, etc.), Middle Name*

Loan Type – indicate if payment is intended for Multi-Purpose Loan (MPL) or Calamity Loan (CL) in the following format: *MPL or CL*

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.

Examples

1. N: 1/4/2013

2. L: 1/21/2013

3. RS: 1/3/2013

4. D: 1/14/2013

O - 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.

HQP-SLF-017

SHORT-TERM LOAN REMITTANCE FORM (STLRF)

EMPLOYER'S ID NUMBER

(1)

NOTE PLEASE READ INSTRUCTIONS AT THE BACK.

EMPLOYER BUSINESS NAME

(2)

EMPLOYEE ADDRESS

Unit/Room No., Floor

Building Name

Lot/No., Block No., Phase No., House No.

Street Name

PERIOD COVERED

(4)

ADDRESS

PIN CODE

DISTRICT/CITY

PROVINCE/STATE/COUNTRY (if abroad)

ZIP CODE

TELEPHONE NUMBER

(5)

EMPLOYEE NO.

(6)

APPLICATION NO.

(7)

GROUP OF EMPLOYERS

LABOUR GROUP

FARM GROUP

SME GROUP (or other)

OTHER GROUP

(8)

LOAN TYPE

(9)

AMOUNT

(10)

PURPOSE OF REMITTANCE

(11)

TOTAL FOR THIS PAGE

(12)

GRAND TOTAL (PRINT)

(13)

P

P

EMPLOYER CERTIFICATION

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.

(14)

HEAD OF OFFICE OR AUTHORIZED REPRESENTATIVE
(Signature Over Printed Name)

DESIGNATION POSITION

DATE

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(01/06/2019) □