



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

HQP-PFF-093  
(V07, 04/2025)

**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 the 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

Mother's Maiden Name : \_\_\_\_\_

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 Member Over Printed Name*
*Date*

THIS PORTION IS FOR Pag-IBIG FUND USE ONLY

REQUESTING Pag-IBIG FUND BRANCH: \_\_\_\_\_

RECEIVED BY: _____  Date: _____	PROCESSED BY: _____  Date: _____	APPROVED/DISAPPROVED BY: _____  Date: _____
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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)
- Notes:**
- a. *In case there is discrepancy or gap between the member's declared employment details against the record in the system, the member shall be required to submit Proof of Employment (Employment History, Certificate of Employment, Payslip, Contract, or any evidence that confirms employment).*
  - b. *If the submission is made through an authorized representative, submit request form, authorization letter and valid IDs of the member and the authorized representative (1 Photocopy).*
  - c. *In all instances wherein photocopies are submitted, the original documents must be presented for authentication.*