

REQUEST FORM FOR VIRTUAL Pag-IBIG ACCOUNT

(Unlocking, Deactivation and Reactivation)

INSTRUCTIONS:

1. This form shall be accomplished in two (2) copies.
2. Print in BLOCK/CAPITAL LETTERS.
3. Submit the duly accomplished form together with photocopy of one (1) valid ID to any Pag-IBIG Fund Branch.

MEMBER'S NAME (Last Name, First Name, Name Extension, if applicable and Middle Name)		Pag-IBIG MID NO.
DATE OF BIRTH	EMAIL ADDRESS	CELL PHONE NO.
PARTICULARS		
<input type="checkbox"/> UNLOCKING <i>Please indicate the reason of lockout:</i> _____ _____ _____	<input type="checkbox"/> DEACTIVATION <input type="checkbox"/> To discontinue the use of my Virtual Pag-IBIG account <input type="checkbox"/> With multiple Virtual Pag-IBIG account <input type="checkbox"/> With suspicious activity on my Virtual Pag-IBIG account <input type="checkbox"/> Unauthorized account	<input type="checkbox"/> REACTIVATION <i>Please indicate the reason of reactivation:</i> _____ _____ _____
CERTIFICATION		
I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).		
_____		_____
SIGNATURE OVER PRINTED NAME		DATE
FOR Pag-IBIG FUND USE ONLY		
PROCESSED BY:		
_____	_____	_____
SIGNATURE OVER PRINTED NAME	POSITION/DESIGNATION	DATE
REMARKS:		

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