



SPECIMEN SIGNATURE FORM

HQP-PFF-003
(V08, 07/2020)

INSTRUCTIONS

1. Accomplish this form in one (1) copy.
2. Type or print all entries in BLOCK and CAPITAL LETTERS.
3. Please refer to the table below for the List of Authorized Signatories to certify and/or sign documents on various business transaction with the Fund. In case you have different authorized signatory/ies depending on the type of document, please specify or indicate in the "Type of Document" portion.
4. In case of revocation of the authority of the officials named in this form, secure and submit duly accomplished Employer's Change of Information Form (ECIF, HQP-PFF-106) and new Specimen Signature Form to any Pag-IBIG Branch.

CHECK APPROPRIATE BOX FOR AUTHORIZED SIGNATORY			Pag-IBIG EMPLOYER/HOUSEHOLD EMPLOYER ID NO.
<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITIONAL	<input type="checkbox"/> CHANGE/REPLACEMENT	
EMPLOYER/BUSINESS NAME		EMPLOYER/BUSINESS ADDRESS	

The following are hereby authorized to certify and/or sign documents on various business transactions of our company/business with the Fund:

AUTHORIZED SIGNATORY/IES

NAME (Last Name, First Name, Name Extension, Middle Name)	NAME (Last Name, First Name, Name Extension, Middle Name)	NAME (Last Name, First Name, Name Extension, Middle Name)
OFFICIAL DESIGNATION	OFFICIAL DESIGNATION	OFFICIAL DESIGNATION
TYPE OF DOCUMENT/S TO BE SIGNED ONLY <i>(if applicable)</i>	TYPE OF DOCUMENT/S TO BE SIGNED ONLY <i>(if applicable)</i>	TYPE OF DOCUMENT/S TO BE SIGNED ONLY <i>(if applicable)</i>

SPECIMEN SIGNATURES

1.	1.	1.
2.	2.	2.
3.	3.	3.
PERSON GRANTING AUTHORITY		DATE AUTHORITY GRANTED
SIGNATURE OVER PRINTED NAME		DESIGNATION/POSITION

LIST OF SIGNATORIES FOR PERSON GRANTING AUTHORITY

1. For Single Proprietorship - Owner
 2. For Partnership - Managing Partner
 3. For Corporation - President, Chairman or Corporate Secretary
 4. For Cooperative - Chairman or Corporate Secretary
 5. For Trade Association - President or Chairman of the Board
 6. For Household Employer - Any immediate members of the family, 18 years old and above or occupants of the house who are directly and regularly provided service by the Kasambahay.
 7. For Government Agency/Office/Unit - Head of the Agency/Office/Unit or its equivalent
- NOTE: In case the signatory for the Person Granting Authority shall be other than those listed above, a supporting document designating the authorized signatory shall be attached to the SSF (i.e. SPA, Authorization Letter, etc.).

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.