## **HQP-HLF-063**



## MEMBERSHIP STATUS VERIFICATION SLIP

Date Filed:				MSV:	5 No.		
Name of Develop	per <i>(For</i>	Developer's acc	ount)		Tel. No	0.	
Last Name	Fi	rst Name	Name Ext.		Middle Name		
Maiden Name (F	or marr	ied women)	Sex  Male	Pag-	Pag-IBIG MID No.		
Marital Status			Female	<u> </u>	Date c	of Birth	
☐ Single/ ☐ M Unmarried			Legally	ulled	Date	or Birtir	
Company/Emplo	yer/Bus	iness Name					
Company/Emplo	yer/Bus	iness Address			Tel. No.		
For AFP Employee	> B	ranch of Service	Serial/Account				
For DECS Employee	> <u></u>	ivision Code	Station Code	n Code Employee No.			
EMPLOYME	NT HI	STORY FROM	<b>DATE OF Pag</b>	-IBIG	MEMB	ERSHIP	
NAME OF EM	PLOYE	R/ADDRESS	FROM (Mo./)	(r.)	то	(Mo./Yr.)	
Member's Signature	$\overline{>}$		1				
		DEPARTMEN					
			ERIFICATION				
With	out Wit	h TOD	Loan Value		HL	Status	
HOUSING [	] [		_				
LOAN Verified by:			Date:				
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		PROVIDENT	VERIFICATION				
		T CONTRIBUTIO				Total No. of Contributions	
Year/Month	PFR	No./Date	Amount			Continuations	
With	out Wit	h DV Date	Loan Value			n Type /	
CLAIMS F	, ,		Amount	L	ast Appl	icable Month	
MPL [	; ;						
Loan Entitlement		Verified by:				Date	
Loan Linuemen	ı	voimou by.				Date	
Ocatificat bus			PPROVAL				
Certified by:		Date	☐ Approve	ed [	] Disap	oproved	
Remarks							
	F	OR RE-VALID	ATION OF MS	vs			
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HOUSING F	1 П						
LOAN	<b>.</b> Ц						
Verified by:			Date:				
		PROVIDENT	VERIFICATION	1			
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Year/Month		No./Date	Amount			Contributions	
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With	out Wit	h DV Date	Loan Value / Amount			n Type / icable Month	
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		110110	DDDCVA				
Cortified by			PPROVAL				
Certified by:		Date	☐ Approve	ed [	] Disap	oproved	
Remarks							