



EMPLOYER'S DATA FORM (EDF)

FOR HDMF USE ONLY	
Pag-IBIG EMPLOYER'S ID NUMBER	
REGISTRATION TRACKING NUMBER	

INSTRUCTIONS

- Accomplish this form in two (2) copies.
- Type or print all entries in BLOCK and CAPITAL LETTERS.
- On the "CONTACT DETAILS" portion, indicate at least one (1) contact number.
- On the "INDUSTRY" portion, indicate industry based on the provided List of Industry.
- Submit duly accomplished form and presents required supporting documents based on the Employer's Registration Checklist of Requirements (HQP-PFF-001).

EMPLOYER/BUSINESS NAME					
EMPLOYER/BUSINESS ADDRESS			CONTACT DETAILS		
Unit/Room No., Floor		Building Name			
Lot No. Block No. Phase No. House No.		Street Name			
Subdivision		Barangay			
Municipality/City					
Province		ZIP Code			
			COUNTRY + AREA CODE TELEPHONE NUMBER Business (Direct Line)		
			Business (Fax)		
			Business (Trunkline) Local		
			Cell Phone Number		
			Business Email Address		
EMPLOYER/BUSINESS DETAILS					
START OF BUSINESS OPERATION m m d d y y y y		INDUSTRY	WITH RETIREMENT PLAN <input type="checkbox"/> Yes <input type="checkbox"/> No	PHILIPPINE BUSINESS REGISTRY No.	DATE OF ISSUANCE
BRANCH/OFFICE <input type="checkbox"/> Head Office <input type="checkbox"/> Branch (Please Specify) _____		TYPE OF EMPLOYER <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Household		SEC REGISTRATION/ CDA CERTIFICATE No.	DATE OF ISSUANCE
For Private Employers LEGAL PERSONALITY <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Cooperative/Trade Association <input type="checkbox"/> Partnership <input type="checkbox"/> Foreign-owned Corporation <input type="checkbox"/> Corporation		NATURE OF BUSINESS		TAXPAYERS IDENTIFICATION NUMBER (TIN)	
For Government Employers CLASSIFICATION <input type="checkbox"/> National Government <input type="checkbox"/> Constitutional Office <input type="checkbox"/> Local Government Unit (LGU) <input type="checkbox"/> Government-Owned and Controlled Corporation (GOCC)/Government Financial Institution (GFI)				For Private Employers SSS No. Date of Registration m m d d y y y y	
PREVIOUS EMPLOYER/BUSINESS NAME (If applicable)				For Government Employers GSIS BUSINESS PARTNER No. AGENCY/BRANCH/DIVISION CODE	

CERTIFICATION

I hereby certify 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.

Head of Office/Authorized Representative
(Signature over Printed Name)

Designation/Position

Date

FOR HDMF USE ONLY

RECEIVED BY

DATE

APPROVED BY

DATE