

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

Pag-IBIG Fund

[Pag-IBIG Office Address]
[City, State, Zip Code]

Subject: Authorization Letter for Pag-IBIG Loan

To Whom It May Concern,

I, [Your Full Name], with Pag-IBIG Membership ID [Your Membership ID], hereby authorize [Authorized Person's Full Name], with a valid ID number [ID Number of Authorized Person], to act on my behalf in all matters pertaining to my Pag-IBIG loan application and processing.

This authorization includes, but is not limited to, the following:

1. Completing and submitting all necessary forms and documents required for the loan application.
2. Inquiring about the status of my loan application.
3. Receiving any correspondence or documentation related to my loan.
4. Signing any papers required for the loan processing.

I certify that [Authorized Person's Full Name] is authorized to perform the aforementioned tasks on my behalf, and I hold PAG-IBIG Fund harmless from any claims or liabilities. This authorization is valid until [End Date] or until I provide a written revocation.

Attached are copies of my valid ID and the valid ID of [Authorized Person's Full Name] for verification purposes.

Thank you for your assistance.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Position, if applicable]