



APPLICATION FOR PENALTY CONDONATION UNDER R.A 9679

(For Unregistered/Delinquent Employers)

FOR HDMF USE ONLY

Pag-IBIG EMPLOYER'S ID NUMBER

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EMPLOYER/BUSINESS NAME	DATE FILED																																									
DATE OF REGISTRATION WITH CONCERNED AGENCIES SEC/DTI/CDA	START OF BUSINESS OPERATION <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						m	m	d	d	y	y	y	y												
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MODE OF PAYMENT <input type="checkbox"/> Cash <input type="checkbox"/> Plan of Payment	TELEPHONE NUMBER	TIN																																								
REASON FOR FAILURE TO REGISTER COVERED EMPLOYEES AND/OR REMIT THE REQUIRED CONTRIBUTIONS	WITH EXISTING PLAN OF PAYMENT WITH THE FUND <input type="checkbox"/> Yes <input type="checkbox"/> No																																									

CERTIFICATION

I hereby certify that the information given and any or all statements made herein are true and correct to the best of my knowledge and belief.

I hereby further certify under pain of perjury that my signature appearing herein is genuine and authentic.

In case of falsification, misrepresentation or any similar acts committed by me, HDMF shall automatically disapprove/cancel the approval of my application. I shall abide with all the applicable rules and regulations governing this penalty condonation program that HDMF may promulgate from time to time

In case of non-compliance to the guidelines governing this program, I understand that we shall continue to incur penalties on unremitted membership contributions and shall be held criminally liable and prosecuted in accordance with the penal provisions of R.A 9679.

HEAD OF OFFICE/AUTHORIZED REPRESENTATIVE
(Signature over Printed Name)

Designation

Date

FOR HDMF USE ONLY

RECEIVED BY:	DATE:	REMARKS
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COMPUTATION OF TOTAL OBLIGATION

PERIOD COVERED		PARTICULARS	AMOUNT	VERIFIED BY:	DATE
FROM	TO				
		UNREMITTED MC			
		DEPRIVED DIVIDENDS			
		PENALTIES			
TOTAL					
REVIEWED BY:	DATE	For Plan of Payment, maximum allowable months _____	NOTED BY:	DATE	APPROVED/DISAPPROVED BY: DATE

LIST OF REQUIRED DOCUMENTS

- Application for Penalty Condonation (HQP-PFF-004)*
 - Schedule of Employees with Unremitted Contribution (softcopy) (HQP-PFF-009)*
 - If unregistered, Registration Confirmation reflecting Registration Tracking Number (printed receipt for every successful registrant using the on-line registration system) (For newly-registered employer)*
 - If filing thru Authorized Representative:
 - Special Power of Attorney (SPA) (For Sole Proprietorship and Partnership)
 - Notarized Board Resolution or Secretary's Certificate designating the Representative to transact/negotiate with HDMF and to execute/sign documents submitted. (For Corporation)
 - Certified true copy of applicable Proof of Business Existence:
 - Business Permit/Mayor's Permit
 - Department of Trade and Industry (DTI) Certificate of Registration (for Sole Proprietorship)*
 - Securities and Exchange Commission (SEC) Certificate of Partnership/Incorporation (Partnership/Corporation/Foreign-Owned Corporation/Trade Association)*
 - Cooperative Development Authority (CDA) Certificate (for Cooperative)*
 - SSS Certificate of Membership
 - Photocopy of the following:
 - Payroll for applicable period*
 - SSS R-3 (in the absence of payroll)
 - Affidavit of Undertaking (HQP-PFF-024)*
 - Others _____
- (Pag-IBIG Fund reserves the right to request additional documents if deemed necessary)

*Mandatory requirements

(BACK)
GUIDELINES AND INSTRUCTIONS

A. WHO MAY FILE

Any qualified delinquent/unregistered employer.

NOTE: The following are not qualified to avail of the program:

- a) Employers who collected membership contributions (MC) and/or STL amortization payments from their respective employees but failed to remit the same to the Fund.
- b) Employers who have previously availed of any Penalty Condonation Program offered by the Fund.

B. HOW TO FILE

The applicant shall:

1. Update records with the Fund via on-line registration or register on-line, if not yet registered with the Fund.
2. Secure Application for Penalty Condonation (APC) (HQP-PFF-004) from any HDMF NCR/Regional Branch. The application form is also available at HDMF website at www.pagibigfund.gov.ph
3. Accomplish two (2) copies of application form.
4. Submit accomplished application form to the concerned HDMF NCR/Regional Branch.

NOTES:

- Eligible employers may avail of this program beginning January 01, 2012 until June 30, 2012.
- Applications must be filed not later than June 30, 2012.
- Only applications with complete documents shall be accepted and processed.
- Applications shall be approved/disapproved not later than two (2) months from submission of complete documents

C. PENALTY CONDONATION

1. All employers (unregistered and existing) shall be required to register on-line with the Fund prior to submission of Application for Penalty Condonation.
2. Upon application for penalty condonation, employers are required to remit contributions (EE + ER) of current employees for the current remittance period and every month thereafter. Otherwise, the corresponding penalty charges shall apply.

3. Once the application is approved, all penalties incurred up to the date of receipt of complete documents, shall be condoned.

- 3.1 Employers shall be required to pay all employer counterpart arrearages as of approval of application, as well as dividends that said arrearages could have earned. Remittance shall be made in full within thirty (30) days from approval of application. Otherwise, said approval shall be forfeited.

- 3.2 An employer who signified intent to pay in full but later on opted for a plan of payment must submit the plan of payment not later than the 25th day from the date of approval of application, otherwise, said approval shall be forfeited.

4. Employers with existing plan of payment may avail of this program for the remaining term of the said plan of payment. The penalties paid before approval of application under this program shall not be refunded or reversed.

5. Employers whose applications are disapproved shall be required to pay all membership contributions (MC) arrearages including applicable penalties, interests, and dividends, if any. Otherwise, corresponding legal actions shall be carried out.

6. Should there be any violation by the employer on the approved plan of payment, all penalties shall be re-imposed. Further, appropriate civil and/or criminal actions shall be filed against the delinquent employer. In addition, should the employer failed to collect and/or remit the employee and employer contributions due for the current period, the same shall be charged a penalty of 1/10 of 1% of the amount due per day of delay.

D. OTHER PROVISIONS

1. Employers who failed to avail of this program shall continue to incur penalties on unremitted contributions and shall be held criminally liable and prosecuted in accordance with the penal provisions of RA 9679.

2. Affected members whose employers shall comply with the guidelines shall be entitled to loan benefits, subject to the eligibility criteria of the prevailing loan guidelines at point of application.

3. The employer shall pay the dividends on the employer contributions that their employees should have earned had the same been remitted on time.