(**First-party’s Name**)

(Address)

(City, Zip code)

(Date)

**Pag-IBIG Fund**

(Address)

(City, Zip code)

To Whom It May Concern:

I**, (*first-party’s name****)*, do hereby authorize my (***relationship with bearer****)*, Mr./Mrs. (***name of bearer****),* to act on my behalf for **(*insert pag-IBIG transaction type****)* on (***insert date of transaction****)*. I am unable to process this myself due to (***state reason for absence****)*.

Attached herewith is the copy of my **(*name of valid ID****)* as well as the representative’s ***(name of the bearer’s valid ID****)* for verification purposes.

Thank you very much and looking forward to your consideration.

For any concerns and questions about the transaction, you may contact me at (***insert phone number****).*

Sincerely,

(***signature over printed name****)*