HQP-PFF-039
(V08, 11/2020)

MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER: 1213 0159 8745

REGISTRATION TRACKING NUMBER:

INSTRUCTIONS

1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on a single sheet of paper.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All fields marked with asterisk (*) are mandatory.
4. **On the "OCCUPATIONAL STATUS" portion, if not employed or purpose is pre-employment, select "UNEMPLOYED/NOT YET EMPLOYED".**
5. The "NAME EXTENSION" shall refer to JR., II, III and the like.
6. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
7. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
8. On the "HEIRS" portion, the provision on the Laws on Succession, under the New Civil Code, shall be observed.
9. For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to any Pag-IBIG Branch nearest you.

***OCCUPATIONAL STATUS** ☐ EMPLOYED ☐ UNEMPLOYED/NOT YET EMPLOYED ☐ CHECK THIS BOX IF FIRST TIME JOB SEEKER

*MEMBERSHIP CATEGORY

MANDATORY

☑ EMPLOYED **(PRIVATE)** ☐ SELF-EMPLOYED
☐ EMPLOYED **(GOVERNMENT)** ☐ PROFESSIONAL/BUSSINESS OWNER
☐ **EMPLOYED PRIVATE HOUSEHOLD** ☐ JOB ORDER PERSONNEL
☐ OVERSEAS FILIPINO WORKER (OFW) ☐ OTHER EARNING GROUP (OEGs)

VOLUNTARY

☐ EMPLOYED **(FOREIGN GOVERNMENT)** ☐ MEMBER OF COOPERATIVE/ TRADE UNION
☐ BARANGAY OFFICIAL/EMPLOYEE ☐ OVERSEAS FILIPINO IMMIGRANT
☐ NON-WORKING SPOUSE ☐ OTHERS, *Please specify* _____
☐ MEMBER OF RELIGIOUS GROUP
☐ PENSIONER/INVESTOR/LESSOR

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	TORAL	MARIEJUNE		FERNANDO	☐
FATHER	TORAL	JUNE		BAUTISTA	☐
*MOTHER (Malden Name)	FERNANDO	MARISOL		SANSON	☐
*SPOUSE (If Married)					☐
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					☐

*DATE OF BIRTH: 04 02 2001 (m m d d y y y y)

*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)

*SEX: ☐ Male ☑ Female

HEIGHT: 157 (cm)

WEIGHT: 53 (kg)

COMMON REFERENCE NUMBER (CRN) (If Available)

*MARITAL STATUS: ☑ Single/Unmarried ☐ Widow/er ☐ Annulled ☐ Married ☐ Legally Separated

*CITIZENSHIP: FILIPINO

PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)

FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction)
☐ Monthly ☐ Semi-Annually
☐ Quarterly ☐ Annually

TAXPAYER IDENTIFICATION NUMBER (TIN)

SSS/GSIS NUMBER

EMPLOYEE NUMBER

For AFP/PNP Employee, Serial/Badge No.

For DepEd Employee, Division Code-Station Code

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS

Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name
		B3 L16		GRATITUDE

Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code
HANIYYAH HOMES	BABAG	LAPU-LAPU CITY	CEBU	6015

*PRESENT HOME ADDRESS

Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name
		B3 L16		GRATITUDE

Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code
HANIYYAH HOMES	BABAG	LAPU-LAPU CITY	CEBU	6015

*PREFERRED MAILING ADDRESS
☐ Present Home Address ☑ Permanent Home Address ☐ Employer/Business Address

(Indicate country code if abroad)

	COUNTRY + AREA CODE	TELEPHONE NUMBER
Home		
Cell Phone	63	9156032480
Business (Direct Line)		
Business (Trunk Line)		Local

Email Address: mariejunetoral999@gmail.com

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

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PRESENT EMPLOYMENT DETAILS *(If with more than one (1) employer, use separate sheet and follow format below)*

OCCUPATION

EMPLOYMENT STATUS
☑ Permanent/Regular ☐ Contractual ☐ Part-time/ Temporary
☐ Casual ☐ Project-based

TYPE OF WORK *(For OFW only)* *(Pls. specify country of assignment)*
☐ Land-based _____
☐ Sea-based _____

*EMPLOYER/BUSINESS NAME: IPLOY, INC

MONTHLY INCOME
Basic _____
Allowances/Others + _____
Total Mo. Income = _____

*EMPLOYER/BUSINESS ADDRESS
Unit/Room No., Floor: 9TH | Building Name: AYALA CENTER CEBU TOWER | Lot No., Block No., Phase No. | House No.:
Street Name | Subdivision | Barangay:
Municipality/City: CEBU CITY | Province: PH CEBU | State/Country (If abroad): PHILIPPINES | ZIP Code: 6000

OFFICE ASSIGNMENT
☐ Head Office ☐ Branch _____

DATE EMPLOYED *(Month, Year)*

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP *(Use another sheet if necessary)*

EMPLOYER/BUSINESS NAME
EMPLOYER/BUSINESS ADDRESS
OFFICE ASSIGNMENT ☐ Head Office ☐ Branch _____
FROM (m m y y y y) TO (m m y y y y)

EMPLOYER/BUSINESS NAME
EMPLOYER/BUSINESS ADDRESS
OFFICE ASSIGNMENT ☐ Head Office ☐ Branch _____
FROM (m m y y y y) TO (m m y y y y)

EMPLOYER/BUSINESS NAME
EMPLOYER/BUSINESS ADDRESS
OFFICE ASSIGNMENT ☐ Head Office ☐ Branch _____
FROM (m m y y y y) TO (m m y y y y)

HEIRS *(In case of death, Fund benefits shall be divided among the member's heirs in accordance with the Rules of Succession under the New Civil Code, as amended) (Use another sheet if necessary)*

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH (m m d d y y y y)
TORAL	MARISOL		FERNANDO	☐	MOTHER	01 26 1972
				☐		
				☐		
				☐		

CERTIFICATION

I hereby certify that the information given, and all statements made herein are true and correct. **Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).**

MARIEJUNE F. TORAL — SIGNATURE OF INFORMANT
JULY 06, 2022 — DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY
_____ Signature over Printed Name
_____ Designation/Position
_____ Branch/Unit
DATE

DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.

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