



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
REGISTRATION TRACKING NUMBER											
921249512704											

### INSTRUCTIONS

- Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on one single sheet of paper.
- Type or print all entries in BLOCK or CAPITAL LETTERS.
- All fields marked with asterisk (\*) are mandatory.
- On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
- The "NAME EXTENSION" shall refer to JR., II, III and the like.
- Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
- On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
- On the "HEIRS" portion, the provision on the Laws on Succession, as provided in the New Civil Code of the Philippines, as amended by the New Family Code, shall be observed.
- 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.

<b>*OCCUPATIONAL STATUS</b>		<input type="checkbox"/> EMPLOYED		<input checked="" type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED																																					
<b>*MEMBERSHIP CATEGORY</b>																																									
<b>MANDATORY</b>			<b>VOLUNTARY</b>																																						
<input type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> SELF-EMPLOYED (SE)		<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT																																					
<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER		<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION																																					
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)		<input type="checkbox"/> JOB ORDER PERSONNEL		<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT																																					
		<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)		<input type="checkbox"/> OTHERS, <i>Please specify</i>																																					
				<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR																																					
<b>PERSONAL DETAILS</b>																																									
NAME		LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>																																			
<b>*MEMBER</b>		MAICO	GAIL		FISALBON	<input type="checkbox"/>																																			
<b>FATHER</b>		MAICO	GIL		CASUNDO	<input type="checkbox"/>																																			
<b>*MOTHER</b> <i>(Maiden Name)</i>		FISALBON	ANNABEL		BARCELON	<input type="checkbox"/>																																			
<b>*SPOUSE</b> <i>(If Married)</i>						<input type="checkbox"/>																																			
<b>MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE</b>		MAICO	GAIL		FISALBON	<input type="checkbox"/>																																			
<b>*DATE OF BIRTH</b>		<b>*MARRITAL STATUS</b>		<b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b>																																					
<table border="1"> <tr> <td>0</td><td>2</td><td> </td><td> </td><td>0</td><td>1</td><td> </td><td> </td><td>2</td><td>0</td><td>0</td><td>3</td> </tr> <tr> <td><i>m</i></td><td><i>m</i></td><td></td><td></td><td><i>d</i></td><td><i>d</i></td><td></td><td></td><td><i>y</i></td><td><i>y</i></td><td><i>y</i></td><td><i>y</i></td> </tr> </table>		0	2			0	1			2	0	0	3	<i>m</i>	<i>m</i>			<i>d</i>	<i>d</i>			<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>	<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		<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> </tr> </table>													
0	2			0	1			2	0	0	3																														
<i>m</i>	<i>m</i>			<i>d</i>	<i>d</i>			<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>																														
<b>*PLACE OF BIRTH</b> <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>		<b>*CITIZENSHIP</b>		<b>SSS/GSIS NUMBER</b>																																					
CEBU CITY, CEBU		FILIPINO		<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> </tr> </table>																																					
<b>*SEX</b>		<b>HEIGHT</b>	<b>WEIGHT</b>	<b>PROMINENT DISTINGUISHING FACIAL FEATURES</b> <i>(Ex. Moles, Scars, etc.)</i>																																					
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		_____ (cm)	_____ (kg)	<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> </tr> </table>																																					
<b>COMMON REFERENCE NUMBER (CRN)</b> <i>(If Available)</i>		<b>FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT</b> <i>(If payment of MS is not thru payroll deduction)</i>		<b>EMPLOYEE NUMBER</b>																																					
<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> </tr> </table>														<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		<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> </tr> </table>																									
<b>ADDRESS AND CONTACT DETAILS</b>																																									
<b>*PERMANENT HOME ADDRESS</b>					<i>(Indicate country code if abroad)</i>																																				
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name <b>SITIO TARCUM UPPER</b>	COUNTRY + AREA CODE   TELEPHONE NUMBER																																				
Subdivision	Barangay <b>LAHUG</b>	Municipality/City <b>CEBU CITY</b>	Province/State/Country <i>(if abroad)</i> <b>CEBU</b>	ZIP Code <b>6000</b>	Home																																				
					Cell Phone																																				
					<b>0956</b> <b>7057881</b>																																				
<b>*PRESENT HOME ADDRESS</b>					Business (Direct Line)																																				
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name <b>SITIO TARCUM UPPER</b>	Business (Trunk Line)																																				
Subdivision	Barangay <b>LAHUG</b>	Municipality/City <b>CEBU CITY</b>	Province/State/Country <i>(if abroad)</i> <b>CEBU</b>	ZIP Code <b>6000</b>	Local																																				
					Email Address																																				
					<b>missgailssi@gmail.com</b>																																				
<b>*PREFERRED MAILING ADDRESS</b>																																									
<input type="checkbox"/> Present Home Address		<input checked="" type="checkbox"/> Permanent Home Address		<input type="checkbox"/> Employer/Business Address																																					

