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

MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER
1210 9629 9190

REGISTRATION TRACKING NUMBER
9192 - 0506 - 8790

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

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

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	CAPALUG	DIVA CARLA		LLENO	☐
FATHER	CAPALUG	BONIFACIO	JR.	BERAME	☐
*MOTHER (Maiden Name)	LLENO	ERLINDA		BERAME	☐
*SPOUSE (If Married)					☐
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					☐

*DATE OF BIRTH: 03 01 1995 (m m d d y y y y)

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

TAXPAYER IDENTIFICATION NUMBER (TIN)

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

*CITIZENSHIP: FILIPINO

SSS/GSIS NUMBER

*SEX: ☐ Male ☑ Female

HEIGHT: 150 (cm)

WEIGHT: 48 (kg)

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

EMPLOYEE NUMBER

For AFP/PNP Employee, Serial/Badge No.

COMMON REFERENCE NUMBER (CRN) (If Available)

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

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
PUROK	4HC	CANSULAO	LAPU-LAPU CITY	CEBU

Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code
PUROK 4HC	CANSULAO	LAPU-LAPU CITY		6015

*PRESENT HOME ADDRESS

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

Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code

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

(Indicate country code if abroad)

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

Email Address

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.