

**PRESENT EMPLOYMENT DETAILS** (If with an employer, use separate sheet and follow Form 80-99a)

|  |   |  |  |   |                                    |
|--|---|--|--|---|------------------------------------|
| *OCCUPATION  | EMPLOYMENT STATUS   |  |  | TYPE OF WORK <small>(For OFW only)</small><br><small>(Pls. specify country of assignment)</small> |                                    |
|  | <input type="checkbox"/> Permanent/Regular<br><input type="checkbox"/> Casual | <input type="checkbox"/> Contractual<br><input type="checkbox"/> Project-based | <input type="checkbox"/> Part-time/<br>Temporary | <input type="checkbox"/> Land-based   | <input type="checkbox"/> Sea-based |
| *EMPLOYER/BUSINESS NAME  |   |  |  | MONTHLY INCOME  |                                    |
| *EMPLOYER/BUSINESS ADDRESS<br><small>Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No.</small> |   |  |  | Basic _____   |                                    |
| Street Name Subdivision Barangay   |   |  |  | Allowances/Others _____   |                                    |
| Municipality/City Province State/Country (If abroad) ZIP Code  |   |  |  | Total Mo. Income _____  |                                    |
|  |   |  |  | OFFICE ASSIGNMENT   |                                    |
|  |   |  |  | <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____                        |                                    |
|  |   |  |  | DATE EMPLOYED (Month, Year)   |                                    |

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

|                           |  |
|---------------------------|--|
| EMPLOYER/BUSINESS NAME    | OFFICE ASSIGNMENT  |
| EMPLOYER/BUSINESS ADDRESS | <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____ |
| EMPLOYER/BUSINESS NAME    | FROM TO  |
| EMPLOYER/BUSINESS ADDRESS | m m y y y y m m y y y y  |
| EMPLOYER/BUSINESS NAME    | OFFICE ASSIGNMENT  |
| EMPLOYER/BUSINESS ADDRESS | <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____ |
| EMPLOYER/BUSINESS NAME    | FROM TO  |
| EMPLOYER/BUSINESS ADDRESS | m m y y y y m m y y y y  |
| EMPLOYER/BUSINESS NAME    | OFFICE ASSIGNMENT  |
| EMPLOYER/BUSINESS ADDRESS | <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____ |
| EMPLOYER/BUSINESS NAME    | FROM TO  |
| EMPLOYER/BUSINESS ADDRESS | m m y y y y 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)

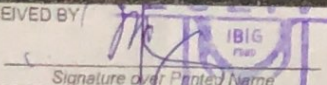
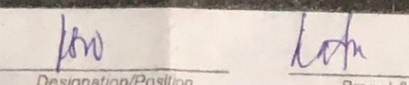
| LAST NAME | FIRST NAME | NAME EXTENSION | MIDDLE NAME | NO MIDDLE NAME<br><small>(Check only if applicable)</small> | RELATIONSHIP | DATE OF BIRTH   |
|-----------|------------|----------------|-------------|---|--------------|-----------------|
|           |            |                |             | <input type="checkbox"/>                                    |              | m m d d y y y y |
|           |            |                |             | <input type="checkbox"/>                                    |              | m m d d y y y y |
|           |            |                |             | <input type="checkbox"/>                                    |              | m m d d y y y y |
|           |            |                |             | <input type="checkbox"/>                                    |              | m m d d y y y y |

**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).

SIGNATURE OF INFORMANT \_\_\_\_\_ DATE 09-30-2022

**FOR Pag-IBIG FUND USE ONLY**

|   |  |             |
|---|--|-------------|
| RECEIVED BY/  | IBIG FUND  | DATE        |
|  |  | <u>9/20</u> |
| Signature over Printed Name   | Designation/Position   | Branch/Unit |

**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.



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG BRANCH USE ONLY  
Pag-IBIG MID NO. **121275688546**  
REGISTRATION TRACKING NUMBER  
**9909/1036/870**

**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". For first time jobseekers, select also the "CHECK THIS BOX IF FIRST TIME JOBSEEKERS".
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-IMCIF, HQP-PFF-0481 and submit to any Pag-IBIG Branch nearest you.

\*OCCUPATIONAL STATUS  EMPLOYED  UNEMPLOYED/NOT YET EMPLOYED  
 CHECK THIS BOX IF FIRST TIME JOBSEEKERS

**\*MEMBERSHIP CATEGORY**

| MANDATORY   |  | VOLUNTARY  |  |
|---|--|--|--|
| <input type="checkbox"/> EMPLOYED (PRIVATE)             | <input type="checkbox"/> SELF-EMPLOYED               | <input type="checkbox"/> EMPLOYED (FOREIGN GOVERNMENT) | <input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION |
| <input type="checkbox"/> EMPLOYED (GOVERNMENT)          | <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER | <input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE    | <input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT       |
| <input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD     | <input type="checkbox"/> JOB ORDER PERSONNEL         | <input type="checkbox"/> NON-WORKING SPOUSE            | <input type="checkbox"/> OTHERS. Please specify            |
| <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW) | <input type="checkbox"/> OTHER EARNING GROUP (DEGs)  | <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP     | <input type="checkbox"/> 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   | CARLUAS   | DOROTHY GRACE |                               | ALBARICO    | <input type="checkbox"/>                  |
| FATHER  | CARLUAS   | GLENN         |                               | MARA-AY     | <input type="checkbox"/>                  |
| *MOTHER (Mother's Name)                             | ALBARICO  | ANNABEL       |                               | LISO        | <input type="checkbox"/>                  |
| *SPOUSE (If Married)                                |           |               |                               |             | <input type="checkbox"/>                  |
| MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE |           |               |                               |             | <input type="checkbox"/>                  |

|   |  |   |
|---|--|---|
| *DATE OF BIRTH<br><b>10 04 2000</b>   | *MARITAL STATUS<br><input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated | TAXPAYER IDENTIFICATION NUMBER (TIN)<br>[ ]           |
| *PLACE OF BIRTH (City, Municipality/Province/Country) (Please indicate country if born outside the Philippines)<br><b>Cebu City</b>     | *CITIZENSHIP<br><b>FILIPINO</b>  | SSS/GSIS NUMBER<br>[ ]                                |
| *SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female<br>HEIGHT (cm) _____ WEIGHT (kg) _____                    | PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)<br>_____   | EMPLOYEE NUMBER<br>[ ]                                |
| COMMON REFERENCE NUMBER (CRN) (If Available)<br>[ ] | FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction)<br><input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly   | For AFP/PNP Employee, Serial/Badge No.<br>[ ]         |
| [ ]   |  | For DepEd Employee, Division Code-Station Code<br>[ ] |

**ADDRESS AND CONTACT DETAILS**

|   |  |
|---|--|
| *PERMANENT HOME ADDRESS<br>Unit/Room No., Floor, Building Name, Lot No., Block No., Phase No., House No., Street Name<br>Subdivision, Barangay, Municipality/City, Province/State/Country (if abroad), ZIP Code | (Indicate country code if abroad)<br>COUNTRY + AREA CODE TELEPHONE NUMBER Home<br>Cell Phone<br>Business (Direct Line)<br>Business (Trunk Line) Local<br>Email Address |
| *PRESENT HOME ADDRESS<br>Unit/Room No., Floor, Building Name, Lot No., Block No., Phase No., House No., Street Name<br>Subdivision, Barangay, Municipality/City, Province/State/Country (if abroad), ZIP Code   |  |
| *PREFERRED MAILING ADDRESS<br><input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address                                  |  |