



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER  
1 2 1 2 9 4 2 0 5 1 1 0

REGISTRATION TRACKING NUMBER

### INSTRUCTIONS

- 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.
- Type or print all entries in BLOCK or CAPITAL LETTERS.
- All fields marked with asterisk (\*) are mandatory.
- On the "OCCUPATIONAL STATUS" portion, if not employed or purpose is pre-employment, 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, under the New Civil 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 checked="" type="checkbox"/> EMPLOYED  |                  | <input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED                                    |  |
|   |  |   |                  | <input type="checkbox"/> CHECK THIS BOX IF FIRST TIME JOB SEEKER                        |  |
| <b>*MEMBERSHIP CATEGORY</b>   |  |   |                  |   |  |
| <b>MANDATORY</b>  |  |   | <b>VOLUNTARY</b> |   |  |
| <input type="checkbox"/> EMPLOYED (PRIVATE)   |  | <input checked="" type="checkbox"/> SELF-EMPLOYED   |                  | <input type="checkbox"/> EMPLOYED (FOREIGN GOVERNMENT)                                  |  |
| <input type="checkbox"/> EMPLOYED (GOVERNMENT)  |  | <input type="checkbox"/> PROFESSIONAL/BUSSINESS OWNER   |                  | <input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION                             |  |
| <input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD   |  | <input type="checkbox"/> JOB ORDER PERSONNEL  |                  | <input type="checkbox"/> NON-WORKING SPOUSE   |  |
| <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)   |  | <input type="checkbox"/> OTHER EARNING GROUP (OEGs)   |                  | <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP                                      |  |
|   |  |   |                  | <input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT                                    |  |
|   |  |   |                  | <input type="checkbox"/> OTHERS, Please specify   |  |
|   |  |   |                  | <input type="checkbox"/> PENSIONER/INVESTOR/LESSOR                                      |  |
| <b>PERSONAL DETAILS</b>   |  |   |                  |   |  |
| NAME  |  | LAST NAME   |                  | FIRST NAME  |  |
|   |  |   |                  | NAME EXTENSION<br><small>(e.g. Jr., II)</small>   |  |
|   |  |   |                  | MIDDLE NAME   |  |
|   |  |   |                  | NO MIDDLE NAME<br><small>(check if applicable only)</small>                             |  |
| *MEMBER   |  | TORETEO   |                  | MA. JESSA CRISTA  |  |
| FATHER  |  | TORETEO   |                  | JERICHO   |  |
| *MOTHER (Maiden Name)   |  | LIPITEN   |                  | JULIETA   |  |
| *SPOUSE (If Married)  |  |   |                  | SACAMAY   |  |
| MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE   |  |   |                  |   |  |
| *DATE OF BIRTH  |  | *MARITAL STATUS   |                  | TAXPAYER IDENTIFICATION NUMBER (TIN)  |  |
| 1 2 2 5 2 0 0 3   |  | <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled                                |                  | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |  |
|   |  | <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated   |                  |   |  |
| *PLACE OF BIRTH (City/Municipality/Province/Country)<br><small>(Please indicate country if born outside the Philippines)</small>                            |  | *CITIZENSHIP  |                  | SSS/GSIS NUMBER   |  |
| LAPU-LAPU CITY  |  | FILIPINO  |                  | 3 5 1 6 6 3 6 4 1 5   |  |
| *SEX  |  | HEIGHT  |                  | WEIGHT  |  |
| <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female  |  | 149 (cm)  |                  | 50 (kg)   |  |
| COMMON REFERENCE NUMBER (CRN)<br><small>(If Available)</small>  |  | PROMINENT DISTINGUISHING FACIAL FEATURES<br><small>(Ex. Moles, Scars, etc.)</small>   |                  | EMPLOYEE NUMBER   |  |
| [ ]   |  |   |                  | [ ] |  |
|   |  | FREQUENCY OF MEMBERSHIP SAVINGS (MS)<br>PAYMENT <small>(If payment of MS is not thru payroll deduction)</small>   |                  | For AFP/PNP Employee, Serial/Badge No.  |  |
|   |  | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually |                  | [ ] |  |
|   |  |   |                  | For DepEd Employee, Division Code-Station Code  |  |
|   |  |   |                  | [ ] |  |
| <b>ADDRESS AND CONTACT DETAILS</b>  |  |   |                  |   |  |
| *PERMANENT HOME ADDRESS   |  |   |                  | (Indicate country code if abroad)   |  |
| Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name   |  |   |                  | COUNTRY + AREA CODE TELEPHONE NUMBER  |  |
| Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code  |  |   |                  | Home  |  |
| KALUNASAN BARANGAY CEBU CITY CEBU PANAG-ABAY 6000   |  |   |                  | [ ] |  |
| *PRESENT HOME ADDRESS   |  |   |                  | Cell Phone  |  |
| Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name   |  |   |                  | 163 9912055922  |  |
| Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code  |  |   |                  | Business (Direct Line)  |  |
| KALUNASAN BARANGAY CEBU CITY CEBU PANAG-ABAY 6000   |  |   |                  | [ ] |  |
| *PREFERRED MAILING ADDRESS  |  |   |                  | Business (Trunk Line) Local   |  |
| <input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address |  |   |                  | [ ] |  |
|   |  |   |                  | Email Address   |  |
|   |  |   |                  | [ ] |  |

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

