



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121295526905
REGISTRATION TRACKING NUMBER	922070952712

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		OTHER EARNING GROUP - INDIVIDUAL			
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	ARANETA	JONAHVIE		BACUNAWA	<input checked="" type="checkbox"/>
FATHER					<input type="checkbox"/>
MOTHER (Maiden Name)	BACUNAWA	JULIETA		ASOQUE	<input type="checkbox"/>
SPOUSE (if Married)	ARANETA	ERGELETO		SURALTA	<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	BACUNAWA	JONAHVIE			<input checked="" type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
08/14/1991		MARRIED			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
QUEZON CITY, METRO MANILA (NCR)			FILIPINO		3464860074
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	149.86	52.00			
COMPLIANCE REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER	
				No. <i>For AFP/PNP Employees, Serial/Badge</i> <i>For DepEd Employee, Division Code-Station Code</i>	

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS					COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Room No., Floor		Building Name			Home
Lot No.,	Block No.,	Phase No.,	House No.	Street Name	Cell Phone
				PROPER	+63 (0916) 5200086
Subdivision		Barangay			Business (Direct Line)
		BALITE			Business (Trunk Line)
Municipality/City		Province/State/Country			Email Address
KAWAYAN		BILIRAN, PHILIPPINES			viea.araneta@gmail.com
ZIP Code					
6545					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot no.,	Block no.,
				Phase No.	
House No.		Street Name		Subdivision	
		PROPER		Barangay	
				BALITE	
Municipality/City		Province/State/Country			ZIP Code
KAWAYAN		BILIRAN, PHILIPPINES			6545
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



PRESENT EMPLOYMENT DETAILS						
OCCUPATION FISHERFOLK			EMPLOYMENT STATUS	TYPE OF WORK		
EMPLOYER/BUSINESS NAME				COUNTRY OF ASSIGNMENT		
EMPLOYER/BUSINESS ADDRESS				MONTHLY INCOME		
Unit/Room No., Floor		Building Name		Basic 0.00		
Let No.	Block No.	Phase No.	House No.	Street Name	Allowances/Others 0.00	
Subdivision		Barangay		Total Mo. Income 0.00		
Municipality/City		Province		OFFICE ASSIGNMENT		
State/Country(if abroad)			ZIP Code	DATE EMPLOYED		

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP		
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS	FROM	TO

HEIRS						
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH
[]						

CERTIFICATION	
<p>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).</p>	
_____ SIGNATURE OF INFORMANT	_____ DATE
FOR Pag-IBIG FUND USE ONLY	
RECEIVED BY	DATE
_____ <i>Signature over Printed Name</i>	_____ <i>Designation/Position</i>
_____ <i>Branch/Unit</i>	

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.