HQP-PFF-039
(V07, 10/2017)

MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY
Pag-IBIG MID NUMBER: 1212 8135 1352
REGISTRATION TRACKING NUMBER: 921084997861

INSTRUCTIONS

1. 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.
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 without employment or purpose is pre-employment or never been employed, 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, as provided in the New Civil Code of the Philippines, as amended by the New Family 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

*MEMBERSHIP CATEGORY

MANDATORY

- ☐ EMPLOYED PRIVATE
- ☐ EMPLOYED GOVERNMENT
- ☐ OVERSEAS FILIPINO WORKER (OFW)
- ☐ SELF-EMPLOYED (SE)
- ☐ PROFESSIONAL/BUSINESS OWNER
- ☐ JOB ORDER PERSONNEL
- ☐ OTHER EARNING GROUPS (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**	VALLESTERO	PAULINE PHROSE ANNE		CATURAN	☐
FATHER	VALLESTERO	PAUL JOVAN			☒
***MOTHER** *(Maiden Name)*	CATURAN	CHARISSE ANN		LOQUELLANO	☐
***SPOUSE** *(If Married)*					☐
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	VALLESTERO	PAULINE PHROSE ANNE		CATURAN	☐

***DATE OF BIRTH**: 11 03 2000 (m m d d y y y y)

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

TAXPAYER IDENTIFICATION NUMBER (TIN):

SSS/GSIS NUMBER:

EMPLOYEE NUMBER:

For AFP/PNP Employee, Serial/Badge No.:

For DepEd Employee, Division Code-Station Code:

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

***CITIZENSHIP**: FILIPINO

***SEX**: ☐ Male ☒ Female

HEIGHT: 156 (cm)

WEIGHT: 50 (kg)

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

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

ADDRESS AND CONTACT DETAILS

***PERMANENT HOME ADDRESS**

Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name
			183	FB PENALES STREET

Subdivision	Barangay	Municipality/City	Province/State/Country *(if abroad)*	ZIP Code
	POBLACION	DAUIS	BOHOL	6339

***PRESENT HOME ADDRESS**

Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name
			183	FB PENALES STREET

Subdivision	Barangay	Municipality/City	Province/State/Country *(if abroad)*	ZIP Code
	POBLACION	DAUIS	BOHOL	6339

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

(Indicate country code if abroad)

	COUNTRY + AREA CODE	TELEPHONE NUMBER
Home		
Cell Phone	0942	8677306
Business (Direct Line)		
Business (Trunk Line)		Local

Email Address: phrosevallestero@gmail.com

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.