MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER: 1211 5814 9296

REGISTRATION TRACKING NUMBER: **915308967839**

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**	BALAIS	KING ROBERT		CUI	☐
FATHER	BALAIS	RHOLLINE		PATINO	☐
***MOTHER** *(Maiden Name)*	BALAIS	PRECIOSA		CUI	☐
***SPOUSE** *(If Married)*					☐
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	BALAIS	KING ROBERT		CUI	☐

*DATE OF BIRTH: 09 25 1992 (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)*: **EULOGIO RODRIGUEZ (MONTALBAN), RIZAL**

*CITIZENSHIP: **FILIPINO**

*SEX: ☒ Male ☐ Female

HEIGHT: _____ (cm)

WEIGHT: _____ (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

Subdivision	Barangay	Municipality/City	Province/State/Country *(if abroad)*	ZIP Code
	PITALO	SAN FERNANDO	CEBU	6018

*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
	PITALO	SAN FERNANDO	CEBU	6018

*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	0917	7504303
Business (Direct Line)		
Business (Trunk Line)		Local:

Email Address: **marjrinka39@gmail.com**

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

PRESENT EMPLOYMENT DETAILS *(If with more than one (1) employer, use separate sheet and follow format below)*

*OCCUPATION
Customer Service Representatives

EMPLOYMENT STATUS
☒ Permanent/Regular ☐ Contractual ☐ Part-time/
☐ Casual ☐ Project-based Temporary

TYPE OF WORK *(For OFW only)*
(Pls. specify country of assignment)
☐ Land-based _____
☐ Sea-based _____

*EMPLOYER/BUSINESS NAME *(For Formally Employed, OFW and Self-employed Professional/Business Owner)*
TECH MAHINDRA

MONTHLY INCOME
Basic **12,500.00**
\+ *Allowances/Others* **0.00**
= *Total Mo. Income* **12,500.00**

*EMPLOYER/BUSINESS ADDRESS *(For Formally Employed, OFW and Self-employed Professional/Business Owner)*
Unit/Room No., Floor | Building Name | Lot No., Block No., Phase No. | House No.

Street Name | Subdivision | Barangay

OFFICE ASSIGNMENT
☐ Head Office ☐ Branch _____

Municipality/City: **CEBU CITY** | Province: **CEBU** | State/Country (If abroad) | ZIP Code: **6000**

DATE EMPLOYED *(Month, Year)*
September 2017

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

EMPLOYER/BUSINESS NAME
OFFICE ASSIGNMENT
☐ Head Office ☐ Branch _____
EMPLOYER/BUSINESS ADDRESS
FROM (m m y y y y) TO (m m y y y y)

EMPLOYER/BUSINESS NAME
OFFICE ASSIGNMENT
☐ Head Office ☐ Branch _____
EMPLOYER/BUSINESS ADDRESS
FROM (m m y y y y) TO (m m y y y y)

EMPLOYER/BUSINESS NAME
OFFICE ASSIGNMENT
☐ Head Office ☐ Branch _____
EMPLOYER/BUSINESS ADDRESS
FROM (m m y y y y) TO (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 New Civil Code as amended by the New Family Code) (Use another sheet if necessary)*

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME *(Check only if applicable)*	RELATIONSHIP	DATE OF BIRTH (m m d d y y y y)
				☐		
				☐		
				☐		
				☐		

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

_____ **6/3/2021**
SIGNATURE OF MEMBER DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY | DATE

_____ _____ _____
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.