



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	
1213	0003 0798
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 (MCF, HQP-PFF-049) and submit to any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS		<input checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED	
				<input type="checkbox"/> CHECK THIS BOX IF FIRST TIME JOB SEEKER	
*MEMBERSHIP CATEGORY					
MANDATORY			VOLUNTARY		
<input checked="" type="checkbox"/> EMPLOYED (PRIVATE)		<input type="checkbox"/> SELF-EMPLOYED		<input type="checkbox"/> EMPLOYED (FOREIGN GOVERNMENT)	
<input type="checkbox"/> EMPLOYED (GOVERNMENT)		<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER		<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	
<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"/> PENSIONER/INVESTOR/LESSOR	
				<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION	
				<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT	
				<input type="checkbox"/> 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	ROMA	KENNY DAVE		ROYO	<input type="checkbox"/>
FATHER	ROMA	GIEPEL		RESURRECCION	<input type="checkbox"/>
*MOTHER (Maiden Name)	ROYO	NENA		AVILA	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ROMA	KENNY DAVE		ROYO	<input type="checkbox"/>
*DATE OF BIRTH	*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
04 23 2009	<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)	*CITIZENSHIP		SSS/GSIS NUMBER		
LINAO UPATA MINGLANILLA	FILIPINO		0444075268		
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	_____ (cm)	_____ (kg)	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
COMMON REFERENCE NUMBER (CRN) (If Available)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction)		For AFP/PNP Employee, Serial/Badge No.		
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
			For DepEd Employee, Division Code-Station Code		
			[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
ADDRESS AND CONTACT DETAILS					
*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
				UPPER LINAO	
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	
		LINAO UPATA MINGLANILLA	CEBU	6046	
*PRESENT HOME ADDRESS			Home		
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Cell Phone
				UPPER LINAO	
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Business (Direct Line)
		LINAO UPATA MINGLANILLA	CEBU	6046	
*PREFERRED MAILING ADDRESS			Business (Trunk Line) Local		
<input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address			Email Address		

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

OCCUPATION <b>CCR</b>		EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Casual <input checked="" type="checkbox"/> Contractual <input type="checkbox"/> Project-based <input type="checkbox"/> Part-time/Temporary		TYPE OF WORK (For OFW only) (Pls. specify country of assignment) <input type="checkbox"/> Land-based <input type="checkbox"/> Sea-based	
EMPLOYER/BUSINESS NAME <b>idloy OPC</b>				MONTHLY INCOME Basic <b>16,000</b> + Allowances/Others <b>5,000</b> = Total Mo. Income <b>21,000</b>	
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor <b>16th FLOOR</b> Building Name <b>ONE MONTAGE</b> Lot No., Block No., Phase No. House No. <b>ARCHBISHOP REYES AVE</b>				OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch	
Street Name		Subdivision		Barangay	
Municipality/City <b>CEBU CITY</b>		Province		State/Country (If abroad) ZIP Code <b>6000</b>	
				DATE EMPLOYED (Month, Year) <b>FEBRUARY 2023</b>	

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

EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch
EMPLOYER/BUSINESS ADDRESS	FROM TO m m y y y y m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch
EMPLOYER/BUSINESS ADDRESS	FROM TO m m y y y y m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch
EMPLOYER/BUSINESS ADDRESS	FROM TO 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 (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH
ROYO	KATE			<input checked="" type="checkbox"/>	GRANDFATHER	03 13 1998 m m d d y y y y
ROYO	NENA		ANILA	<input type="checkbox"/>	MOTHER	01 16 1979 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

02-08-23  
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.