



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
1	2	3	4	5	6	7	8	9	10	11	12
REGISTRATION TRACKING NUMBER											
923034374771											

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.

*OCCUPATIONAL STATUS EMPLOYED UNEMPLOYED/NOT YET EMPLOYED
 CHECK THIS BOX IF FIRST TIME JOB SEEKER

*MEMBERSHIP CATEGORY

MANDATORY	VOLUNTARY
<input type="checkbox"/> EMPLOYED (PRIVATE) <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> EMPLOYED (GOVERNMENT) <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER <input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD <input type="checkbox"/> JOB ORDER PERSONNEL <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW) <input type="checkbox"/> OTHER EARNING GROUP (OEGs)	<input type="checkbox"/> EMPLOYED (FOREIGN GOVERNMENT) <input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION <input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP <input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT <input type="checkbox"/> PENSIONER/INVESTOR/LESSOR <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	REGALADO	MAE CLAIRIBEL	DE LA CALZADA		<input type="checkbox"/>
FATHER	REGALADO	FERDINAND	SEGUISABAL		<input type="checkbox"/>
*MOTHER (Maiden Name)	DE LA CALZADA	CLOTHEL	RESMA		<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	REGALADO	MAE CLAIRIBEL	de la CALZADA		<input type="checkbox"/>

*DATE OF BIRTH 05 02 2003 m m d d y y y y	*MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow'r <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	TAXPAYER IDENTIFICATION NUMBER (TIN) [] [] [] [] [] [] [] [] [] [] [] []
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) CITY OF NAGA, CEBU	*CITIZENSHIP FILIPINO	SSS/GSIS NUMBER 06-45404799
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT 152 (cm)	WEIGHT 60 (kg)
COMMON REFERENCE NUMBER (CRN) (If Available)	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)	EMPLOYEE NUMBER [] [] [] [] [] [] [] [] [] [] [] []
	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction) <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	For AFP/PNP Employee, Serial/Badge No. [] [] [] [] [] [] [] [] [] [] [] []
		For DepEd Employee, Division Code-Station Code [] [] [] [] [] [] [] [] [] [] [] []

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code	Cell Phone
SUNFLOWER VILLAGE, WARD IV, MINGUANILLA, CEBU 6046	0995 5769945
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name	Business (Direct Line)
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code	Business (Trunk Line) Local
SUNFLOWER VILLAGE, WARD IV, MINGUANILLA, CEBU 6046	Email Address
*PREFERRED MAILING ADDRESS <input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	

