



# MEMBER'S DATA FORM (MDF)

RTN# 9163-5793-1857 HOP-PFF-039 (07, 10/2017)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER  
1 2 1 1 2 8 9 2 0 1 0 5

REGISTRATION TRACKING NUMBER

### 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 present, present 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		VOLUNTARY	
<input type="checkbox"/> EMPLOYED PRIVATE	<input type="checkbox"/> SELF-EMPLOYED (SE)	<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT	<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION
<input type="checkbox"/> EMPLOYED GOVERNMENT	<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER	<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> JOB ORDER PERSONNEL	<input type="checkbox"/> NON-WORKING SPOUSE	<input type="checkbox"/> OTHERS, Please specify
	<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)	<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	
		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	

### PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	Rondina	Jely Ann		A	<input type="checkbox"/>
FATHER	Rondina	Joselito		B	<input type="checkbox"/>
*MOTHER (Maiden Name)	Ave	Angeline		A	<input type="checkbox"/>
*SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH 0 4 / 1 0 / 1 9 9 4 m m / d d / y y y y	*MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	TAXPAYER IDENTIFICATION NUMBER (TIN) 3 3 3 9 1 6 8 4 7
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)	*CITIZENSHIP	SSS/GSIS NUMBER 0 6 3 6 5 8 2 3 4 5
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT (cm)    WEIGHT (kg)	EMPLOYEE NUMBER
PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)	COMMON REFERENCE NUMBER (CRN) (if Available)	For AFP/PNP Employee, Serial/Badge No.
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 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 1285 M.J. Cuyos Avenue Sts. Cebu City    6000	(Indicate country code if abroad) COUNTRY + AREA CODE    TELEPHONE NUMBER Home Cell Phone Business (Direct Line) Business (Trunk Line)    Local Email Address
Subdivision    Barangay    Municipality/City    Province/State/Country (if abroad)    ZIP Code	
*PRESENT HOME ADDRESS Unit/Room No., Floor    Building Name    Lot No., Block No., Phase No.    House No    Street Name 1285 M.J. Cuyos Avenue Sts. Cebu City    6000	
Subdivision    Barangay    Municipality/City    Province/State/Country (if abroad)    ZIP Code	
*PREFERRED MAILING ADDRESS <input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	

jelyannrondina@123@gmail.com

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

OCCUPATION		EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Project-based		TYPE OF WORK (For OFW only) (Pls. specify country of assignment) <input type="checkbox"/> Land-based <input type="checkbox"/> Sea-based	
EMPLOYER/BUSINESS NAME (For Formally Employed, OFW and Self-employed Professional/Business Owner)				MONTHLY INCOME Basic _____ Allowances/Others _____ Total Mo. Income _____	
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.				OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
Street Name		Subdivision		Barangay	
Municipality/City		Province		State/Country (If abroad)    ZIP Code	
				DATE EMPLOYED (Month, Year) <input checked="" type="checkbox"/>	

**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 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
Rondina Angeline	Angeline		R	<input type="checkbox"/>	Mother	05    22    _____ 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
				<input type="checkbox"/>		_____    _____    _____ m m    d d    y y y y

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


 \_\_\_\_\_  
 SIGNATURE OF MEMBER    DATE: 11/16/17

**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.