



Pag-IBIG Fund
Cebu Downtown M53
5TH FLR GANDHI SOUTH/CAPITAL, CEBU CITY

MEMBER'S DATA FORM

CERTIFIED TRUE COPY (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER
1 2 1 2 3 1 5 5 9 4 9 6
REGISTRATION TRACKING NUMBER
918212051133

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 | | VOLUNTARY | |
|---|--|--|--|
| <input checked="" 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 | CAMARILLO | HAZEL LYNN | | PANERIO | <input type="checkbox"/> |
| FATHER | CAMARILLO | HIPOLITO | | MANILA | <input type="checkbox"/> |
| *MOTHER (Maiden Name) | PANERIO | SALOME | | AGEAR | <input type="checkbox"/> |
| *SPOUSE (If Married) | | | | | <input type="checkbox"/> |
| MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE | CAMARILLO | HAZEL LYNN | | PANERIO | <input type="checkbox"/> |

| | | |
|---|--|---|
| *DATE OF BIRTH 0 3 / 2 7 / 1 9 9 8 <small>m m / d d / y y y y</small> | *MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <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) ARGAO CEBU | *CITIZENSHIP | SSS/GSIS NUMBER [] |
| *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 | (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER |
| Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code | Home |
| BALA-AS ARGAO CEBU 6021 | Cell Phone |
| *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 |
| *PREFERRED MAILING ADDRESS <input checked="" type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address | Email Address |

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.