



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER
1 2 1 2 9 6 2 0 6 7 5 3

REGISTRATION TRACKING NUMBER
9220.8974.9255

INSTRUCTIONS

1. 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.
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 not employed or purpose is pre-employment, 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, under the New Civil 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
 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"/> MEMBER OF COOPERATIVE
<input type="checkbox"/> EMPLOYED (GOVERNMENT)	<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER	<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	<input type="checkbox"/> TRADE UNION
<input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD	<input type="checkbox"/> JOB ORDER PERSONNEL	<input type="checkbox"/> NON-WORKING SPOUSE	<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> OTHER EARNING GROUP (OEGs)	<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	<input type="checkbox"/> OTHERS, Please specify
		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION <small>(e.g. Jr., II)</small>	MIDDLE NAME	NO MIDDLE NAME <small>(check if applicable only)</small>
*MEMBER	BACOR	JEFFIN PAUL		JOVILLE	<input type="checkbox"/>
FATHER	BACOR	JUVELITO JOSE		QUINDAO	<input type="checkbox"/>
*MOTHER (Maiden Name)	JOVILLE	DAISY		BARRIENTOS	<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 5 / 0 4 / 2 0 0 0	*MARRITAL 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) <small>(Please indicate country if born outside the Philippines)</small> CEBU CITY	*CITIZENSHIP FILIPINO	SSS/GSIS NUMBER 3 5 1 3 4 5 2 0 5 8
*SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT 1 6 3 (cm)	WEIGHT 6 5 (kg)
PROMINENT DISTINGUISHING FACIAL FEATURES <small>(Ex. Moles, Scars, etc.)</small>	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <small>(If payment of MS is not thru payroll deduction)</small> <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	EMPLOYEE NUMBER []
COMMON REFERENCE NUMBER (CRN) <small>(If Available)</small>		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
Unit/Room No., Floor: Building Name: Lot No., Block No., Phase No.: House No: Street Name: N. 4	Home: 384 0012
Subdivision: Barangay: Municipality/City: Province/State/Country (if abroad): ZIP Code:	Cell Phone: 463 9367394878
Subdivision: Barangay: Municipality/City: Province/State/Country (if abroad): ZIP Code:	Business (Direct Line): []
Subdivision: Barangay: Municipality/City: Province/State/Country (if abroad): ZIP Code:	Business (Trunk Line): []
*PREFERRED MAILING ADDRESS <input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	Local: []
	Email Address: KYRFEWICK@GMAIL.COM

THIS FORM MAY BE REPRODUCED, NOT FOR SALE.

