



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121224927028
REGISTRATION TRACKING NUMBER	918130047418

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	CANEJA	CHRISTIA JANE		HONOR	<input type="checkbox"/>
FATHER	CANEJA	ANTONIO		EVANGELISTA	<input type="checkbox"/>
MOTHER (Maiden Name)	HONOR	JENELEN		GEREZ	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	CANEJA	CHRISTIA JANE		HONOR	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
12/20/1996		Single/Unmarried		48864684	
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
CEBU CITY, CEBU			FILIPINO		0638632251
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		GSIS NUMBER
FEMALE	152.00	55.00			EMPLOYEE NUMBER
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		For AFP/PNP Employee, Serial/Badge No.
					For DepEd Employee, Division Code-Station Code

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS					COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Room No., Floor		Building Name			Home
					+63 (032) 2390443
Lot No.	Block No.	Phase No.	House No	Street Name	Cell Phone
2	14			7TH STREET	+63 (0966) 3191932
Subdivision		Barangay			Business (Direct Line)
SAN JOSE MARIA VILLAGE		WARD IV POBLACION			Business (Trunk Line)
Municipality/City		Province/State/Country			Email Address
MINGLANILLA		CEBU, PHILIPPINES			jancoops03@gmail.com
ZIP Code					
6046					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot no.	Block no.
				2	14
				Phase No.	
House No	Street Name		Subdivision	Barangay	
	7TH STREET		SAN JOSE MARIA VILLAGE	WARD IV POBLACION	
Municipality/City		Province/State/Country		ZIP Code	
MINGLANILLA		CEBU, PHILIPPINES		6046	
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

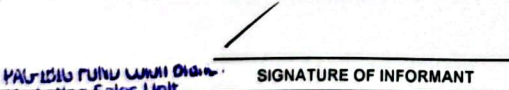
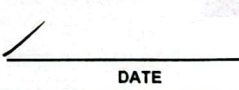
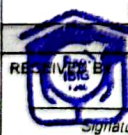
PRESENT EMPLOYMENT DETAILS					
OCCUPATION CUSTOMER SERVICE REPRESENTATIVES			EMPLOYMENT STATUS CASUAL	TYPE OF WORK	
EMPLOYER/BUSINESS NAME EPERFORMAX CONTACT CENTER AND BPO			COUNTRY OF ASSIGNMENT		
EMPLOYER/BUSINESS ADDRESS			MONTHLY INCOME		
Unit/Room No., Floor	Building Name JY SQUARE MALL		Basic		13,000.00
Lot No.	Block No.	Phase No.	House No.	Street Name SALINAS DRIVE	Allowances/Others 0.00
Subdivision			Barangay LAHUG		Total Mo. Income 13,000.00
Municipality/City CEBU CITY			Province CEBU		
State/Country(if abroad) PHILIPPINES			ZIP Code 6000	OFFICE ASSIGNMENT	
			DATE EMPLOYED MAY 2019		

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP		
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS	FROM	TO

HEIRS					
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME RELATIONSHIP	DATE OF BIRTH
[]					

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		 DATE	
FOR Pag-IBIG FUND USE ONLY			
 RECEIVED BY ORIGINAL DOCUMENT SEEN BY: MARICELYN KRISTEL P. DE LA PAZ Information Officer I/Unit	10 / 1 Designation/Position	Colon Branch/Unit	DATE 6/29/23

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.