



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
1	2	1	2	8	4	3	3	2	7	2	3
REGISTRATION TRACKING NUMBER											
921168534747											

- 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		<input type="checkbox"/> EMPLOYED	<input checked="" type="checkbox"/> 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 <small>(e.g. Jr., II)</small>
*MEMBER	BAGUID	RIZZA MAE	
FATHER	BAGUID	EDWIN	
*MOTHER <small>(Maiden Name)</small>	CASQUEJO	MARLYN	
*SPOUSE <small>(If Married)</small>			
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	BAGUID	RIZZA MAE	CASQUEJO
*DATE OF BIRTH	*MARRITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)
0 7 2 3 2 0 0 0 <small>m m d d y y y y</small>	<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		
*PLACE OF BIRTH <small>(City/Municipality/Province/Country)</small> <small>(Please indicate country if born outside the Philippines)</small>	*CITIZENSHIP		SSS/GSIS NUMBER
CEBU CITY, CEBU	FILIPINO		
*SEX	HEIGHT	WEIGHT	EMPLOYEE NUMBER
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	153 (cm)	60 (kg)	
COMMON REFERENCE NUMBER (CRN) <small>(If Available)</small>	PROMINENT DISTINGUISHING FACIAL FEATURES <small>(Ex. Moles, Scars, etc.)</small>		For AFP/PNP Employee, Serial/Badge No.
	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <small>(If payment of MS is not thru payroll deduction)</small>		For DepEd Employee, Division Code-Station Code
	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		
ADDRESS AND CONTACT DETAILS			
*PERMANENT HOME ADDRESS			
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No. Street Name
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad) ZIP Code
VILLA ST JOSEPH HOMEOWNERS	BASAK PARDO	CEBU CITY	CEBU 6000
*PRESENT HOME ADDRESS			
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No. Street Name
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad) ZIP Code
VILLA ST JOSEPH HOMEOWNERS	BASAK PARDO	CEBU CITY	CEBU 6000
*PREFERRED MAILING ADDRESS			
<input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address			
(Indicate country code if abroad)			
COUNTRY + AREA CODE		TELEPHONE NUMBER	
Home			
Cell Phone			
0995		8494105	
Business (Direct Line)			
Business (Trunk Line)		Local	
Email Address			
ressamaeybaguid@gmail.com			