



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	1101216451873
REGISTRATION TRACKING NUMBER	91804205269

INSTRUCTIONS

- Accomplish this form in one (1) copy only. If registration is being done, the form should be printed back to back on one single sheet of paper.
- Type or print all entries in BLOCK or CAPITAL LETTERS.
- All fields marked with asterisk (*) are mandatory.
- On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
- The "NAME EXTENSION" shall refer to JR., II, III and the like.
- Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
- On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
- On the "HEIR" 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.
- 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 <input checked="" type="checkbox"/> EMPLOYED PRIVATE <input type="checkbox"/> EMPLOYED GOVERNMENT <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	VOLUNTARY <input type="checkbox"/> SELF-EMPLOYED (SE) <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER <input type="checkbox"/> JOB ORDER PERSONNEL <input type="checkbox"/> OTHER EARNING GROUPS (OEGs)
<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT <input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP <input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION <input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT <input type="checkbox"/> OTHERS, Please specify

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	OMEGA	REX	KENNETH	GARCIANO	<input type="checkbox"/>
FATHER	OMEGA	RAFABL	JR.	DEVGADD	<input type="checkbox"/>
*MOTHER (Maiden Name)	GARCIANO	MARIANITA		LUCEÑO	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH 11 16 1995 <small>m m d d y y y y</small>	*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) 341 423 757
*PLACE OF BIRTH (City/Municipality/Province/Country) <small>(Please indicate country if born outside the Philippines)</small> ORMOG CITY, Leyte	*CITIZENSHIP FILIPINO	SSS/GSIS NUMBER 06-3969760-6
*SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT 177 (cm)	WEIGHT 58 (kg)
COMMON REFERENCE NUMBER (CRN) <small>(If Available)</small>	PROMINENT DISTINGUISHING FACIAL FEATURES <small>(Ex. Moles, Stars, etc.)</small>	EMPLOYEE NUMBER
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	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
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code PUDLOS SALVACION ORMOG CITY LEYTE PHILIPPINES 6541	Home
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name	Cell Phone
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code GREENSIDE HPHOROMO CEBU CITY CEBU PHILIPPINES 6000	Business (Direct Line)
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	Business (Trunk Line) Local
	Email Address omegakenny@yahoo.com