HQP-PFF-039
(V07, 10/2017)

MEMBER'S DATA FORM (MDF)

For Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER: 1210 1856 2424

REGISTRATION TRACKING NUMBER:

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 pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
5. "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	
☑ EMPLOYED PRIVATE	☐ SELF-EMPLOYED (SE)	☐ EMPLOYED FOREIGN GOVERNMENT	☐ MEMBER OF COOPERATIVE/ TRADE UNION
☐ EMPLOYED GOVERNMENT	☐ PROFESSIONAL/BUSINESS OWNER	☐ BARANGAY OFFICIAL/EMPLOYEE	☐ OVERSEAS FILIPINO IMMIGRANT
☐ OVERSEAS FILIPINO WORKER (OFW)	☐ JOB ORDER PERSONNEL	☐ NON-WORKING SPOUSE	☐ OTHERS, *Please specify*
	☐ OTHER EARNING GROUPS (OEGs)	☐ MEMBER OF RELIGIOUS GROUP	
		☐ 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	CHUA	MONALIZA		GANTIANGCO	☐
*FATHER	GANTIANGCO	JESSELITO		SATO	☐
*MOTHER *(Maiden Name)*	COMETA	LOLITA		FERNANDEZ	☐
*SPOUSE *(if Married)*	CHUA	EUGENE		MANCITO	☐
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					☐

*DATE OF BIRTH: 08 26 1986 (m m d d y y y y)

*MARITAL STATUS: ☐ Single/Unmarried ☐ Widow/er ☐ Annulled ☑ Married ☐ Legally Separated

TAXPAYER IDENTIFICATION NUMBER (TIN): 252 871 371

*PLACE OF BIRTH *(City/Municipality/Province/Country)* *(Please indicate country if born outside the Philippines)*

*CITIZENSHIP: FIL.

SSS/GSIS NUMBER:

*SEX: ☐ Male ☑ Female

HEIGHT: _____ (cm)

WEIGHT: _____ (kg)

PROMINENT DISTINGUISHING FACIAL FEATURES *(Ex. Moles, Scars, etc.)*

EMPLOYEE NUMBER:

For AFP/PNP Employee, Serial/Badge No.:

COMMON REFERENCE NUMBER (CRN) *(if Available)*

FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT *(If payment of MS is not thru payroll deduction)*
☐ Monthly ☐ Semi-Annually ☐ Quarterly ☐ 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
91			91	F. UAMAS ST.

Subdivision	Barangay	Municipality/City	Province/State/Country *(if abroad)*	ZIP Code
	PUNTA PRINCESA	CEBU CITY	CEBU	

*PRESENT HOME ADDRESS

Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name
(SAME)				

Subdivision	Barangay	Municipality/City	Province/State/Country *(if abroad)*	ZIP Code

*PREFERRED MAILING ADDRESS
☐ Present Home Address ☐ Permanent Home Address ☐ Employer/Business Address

(Indicate country code if abroad)

	COUNTRY + AREA CODE	TELEPHONE NUMBER	
Home			
Cell Phone			
Business (Direct Line)			
Business (Trunk Line)			Local

Email Address:

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.