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HQP-PFF-039
(V08, 11/2020)

MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY
Pag-IBIG MID NUMBER: 1213 1685 5142
REGISTRATION TRACKING NUMBER: 923072978792

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	
☐ EMPLOYED **(PRIVATE)**	☐ SELF-EMPLOYED	☐ EMPLOYED **(FOREIGN GOVERNMENT)**	☐ MEMBER OF COOPERATIVE/ TRADE UNION
☐ EMPLOYED **(GOVERNMENT)**	☐ PROFESSIONAL/BUSSINESS OWNER	☐ BARANGAY OFFICIAL/EMPLOYEE	
☐ **EMPLOYED PRIVATE HOUSEHOLD**	☐ JOB ORDER PERSONNEL	☐ NON-WORKING SPOUSE	☐ OVERSEAS FILIPINO IMMIGRANT
☐ OVERSEAS FILIPINO WORKER (OFW)	☐ OTHER EARNING GROUP (OEGs)	☐ MEMBER OF RELIGIOUS GROUP	☐ OTHERS, *Please specify*
		☐ PENSIONER/INVESTOR/LESSOR	

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION *(e.g. Jr., III)*	MIDDLE NAME	NO MIDDLE NAME *(check if applicable only)*
***MEMBER**	Quimod	Roy Vincent		Lapuz	☐
FATHER	Quimod	Roy		Redoble	☐
***MOTHER** *(Maiden Name)*	Lapuz	Conchita		Pasicaran	☐
***SPOUSE** *(If Married)*					☐
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					☐

*DATE OF BIRTH: 04 24 2001 (m m d d y y y y)

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

TAXPAYER IDENTIFICATION NUMBER (TIN):

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

*CITIZENSHIP:

SSS/GSIS NUMBER: 06 45 61 37 42

*SEX: ☑ Male ☐ Female

HEIGHT: 185 (cm)

WEIGHT: 100 (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
		Blk 6 Lot 2		

Subdivision	Barangay	Municipality/City	Province/State/Country *(if abroad)*	ZIP Code
Deca Homes Bacayan	Talamban	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

*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.

HQP-PFF-039
(V08, 11/2020)

PRESENT EMPLOYMENT DETAILS *(If with more than one (1) employer, use separate sheet and follow format below)*

*OCCUPATION:

EMPLOYMENT STATUS: ☐ Permanent/Regular ☐ Casual ☐ Contractual ☐ Project-based ☐ Part-time/ Temporary

TYPE OF WORK *(For OFW only)* *(Pls. specify country of assignment)*: ☐ Land-based ☐ Sea-based

*EMPLOYER/BUSINESS NAME:

MONTHLY INCOME: *Basic* + *Allowances/Others* = *Total Mo. Income*

*EMPLOYER/BUSINESS 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

OFFICE ASSIGNMENT: ☐ Head Office ☐ Branch _____

DATE EMPLOYED *(Month, Year)*:

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP *(Use another sheet if necessary)*

EMPLOYER/BUSINESS NAME:

EMPLOYER/BUSINESS ADDRESS:

OFFICE ASSIGNMENT: ☐ Head Office ☐ Branch _____

FROM (m m y y y y) TO (m m y y y y)

EMPLOYER/BUSINESS NAME:

EMPLOYER/BUSINESS ADDRESS:

OFFICE ASSIGNMENT: ☐ Head Office ☐ Branch _____

FROM (m m y y y y) TO (m m y y y y)

EMPLOYER/BUSINESS NAME:

EMPLOYER/BUSINESS ADDRESS:

OFFICE ASSIGNMENT: ☐ Head Office ☐ Branch _____

FROM TO