MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NO.
1213 2849 8165

REGISTRATION TRACKING NO.
923258367755

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. Submit photocopy of at least one (1) valid ID acceptable to the Fund.
3. Type or print all entries in BLOCK or CAPITAL LETTERS.
4. All fields marked with asterisk (*) are mandatory.
5. On the "OCCUPATIONAL STATUS" portion, if not employed or purpose is pre-employment, select "UNEMPLOYED/NOT YET EMPLOYED". For first time jobseekers, select also the "CHECK THIS BOX IF FIRST TIME JOBSEEKERS".
6. The "NAME EXTENSION" shall refer to JR., II, III and the like.
7. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
8. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
9. On the "HEIRS" portion, the provision on the Laws on Succession, under the New Civil Code, shall be observed.
10. 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 JOBSEEKERS

*MEMBERSHIP CATEGORY

MANDATORY

☐ EMPLOYED
- ☐ PRIVATE
- ☐ GOVERNMENT
- ☐ PRIVATE HOUSEHOLD

☐ OVERSEAS FILIPINO WORKER (OFW)

☐ SELF-EMPLOYED
- ☐ PROFESSIONAL/BUSINESS OWNER
- ☐ JOB ORDER PERSONNEL
- ☐ OTHER EARNING GROUP (OEGs)
  Please specify: _____

☐ OTHERS, *Please specify* _____

VOLUNTARY

☐ EMPLOYED
- ☐ EMPLOYEE OF FOREIGN GOVERNMENT
- ☐ BARANGAY OFFICIAL/EMPLOYEE

☐ OTHERS, *Please specify* _____

☐ INDIVIDUAL PAYOR
- ☐ MEMBER OF COOPERATIVE
- ☐ MEMBER OF TRADE UNION
- ☐ NON-WORKING SPOUSE
- ☐ MEMBER OF RELIGIOUS GROUP
- ☐ OVERSEAS FILIPINO IMMIGRANT
- ☐ 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**	OMAÑA	HERRULE		EBORA	☐
FATHER	OMAÑA	SANTIAGO		BENDANILLO	☐
***MOTHER** *(Maiden Name)*	EBORA	FE		BUAYA	☐
***SPOUSE** *(If Married)*					☐
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	OMAÑA	HERRULE		EBORA	☐

***DATE OF BIRTH** 02 28 2000 (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**
FILIPINO

SSS/GSIS NUMBER

***SEX**
☑ Male
☐ Female

HEIGHT
176.784 (cm)

WEIGHT
61 (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 ☐ Quarterly

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

Subdivision	Barangay	Municipality/City	Province/State/Country *(if abroad)*	ZIP Code
	WARD III	MINGLANILLA		6046

***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
	WARD III	MINGLANILLA		6046

***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.