



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
1	2	1	2	5	5	9	2	8	4	3	6
REGISTRATION TRACKING NUMBER											
919210594091											

### 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.

<b>*OCCUPATIONAL STATUS</b>		<input type="checkbox"/> EMPLOYED	<input checked="" type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED		
<b>*MEMBERSHIP CATEGORY</b>					
<b>MANDATORY</b>		<b>VOLUNTARY</b>			
<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, <i>Please specify</i>		
	<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)	<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP			
		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR			
<b>PERSONAL DETAILS</b>					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
<b>*MEMBER</b>	VALIENTE	MARK JOSEPH		COLIFLORES	<input type="checkbox"/>
<b>FATHER</b>	VALIENTE	JOSE		POTOT	<input type="checkbox"/>
<b>*MOTHER</b> <i>(Maiden Name)</i>	COLIFLORES	GINA		BRIGOLI	<input type="checkbox"/>
<b>*SPOUSE</b> <i>(If Married)</i>					<input type="checkbox"/>
<b>MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE</b>	VALIENTE	MARK JOSEPH		COLIFLORES	<input type="checkbox"/>
<b>*DATE OF BIRTH</b>	<b>*MARRITAL STATUS</b>		<b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b>		
0 3 1 7 1 9 9 7 <i>m m d d y y y y</i>	<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
<b>*PLACE OF BIRTH</b> <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>	<b>*CITIZENSHIP</b>		<b>SSS/GSIS NUMBER</b>		
MANDAUE CITY, CEBU, PHILIPPINES	FILIPINO		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
<b>*SEX</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>PROMINENT DISTINGUISHING FACIAL FEATURES</b> <i>(Ex. Moles, Scars, etc.)</i>		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	_____ (cm)	_____ (kg)	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
<b>COMMON REFERENCE NUMBER (CRN)</b> <i>(If Available)</i>	<b>FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT</b> <i>(If payment of MS is not thru payroll deduction)</i>		<b>EMPLOYEE NUMBER</b>		
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
			<i>For AFP/PNP Employee, Serial/Badge No.</i>		
			[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
			<i>For DepEd Employee, Division Code-Station Code</i>		
			[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
<b>ADDRESS AND CONTACT DETAILS</b>					
<b>*PERMANENT HOME ADDRESS</b>					<i>(Indicate country code if abroad)</i>
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	COUNTRY + AREA CODE TELEPHONE NUMBER
Subdivision	Barangay	Municipality/City SOGOD	Province/State/Country <i>(if abroad)</i> CEBU	ZIP Code 6007	Home
<b>*PRESENT HOME ADDRESS</b>					Cell Phone
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Subdivision	Barangay	Municipality/City SOGOD	Province/State/Country <i>(if abroad)</i> CEBU	ZIP Code 6007	Business (Direct Line)
					[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
					Business (Trunk Line) Local
					[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
<b>*PREFERRED MAILING ADDRESS</b>					Email Address
<input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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

*OCCUPATION	EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/ <input type="checkbox"/> Casual <input type="checkbox"/> Project-based    Temporary	TYPE OF WORK (For OFW only) (Pls. specify country of assignment) <input type="checkbox"/> Land-based _____ <input type="checkbox"/> Sea-based _____
*EMPLOYER/BUSINESS NAME (For Formally Employed, OFW and Self-employed Professional/Business Owner)		MONTHLY INCOME Basic <b>0.00</b> + Allowances/Others <b>0.00</b> = Total Mo. Income <b>0.00</b>
*EMPLOYER/BUSINESS ADDRESS (For Formally Employed, OFW and Self-employed Professional/Business Owner) Unit/Room No., Floor      Building Name      Lot No., Block No., Phase No. House No.		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
Street Name	Subdivision	Barangay
Municipality/City	Province	State/Country (If abroad)    ZIP Code
		DATE EMPLOYED (Month, Year)

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

EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____																								
EMPLOYER/BUSINESS ADDRESS	<table border="1"> <tr> <th colspan="4">FROM</th> <th colspan="4">TO</th> </tr> <tr> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>m</td><td>m</td><td>y</td><td>y</td> <td>m</td><td>m</td><td>y</td><td>y</td> </tr> </table>	FROM				TO												m	m	y	y	m	m	y	y
FROM				TO																					
m	m	y	y	m	m	y	y																		
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____																								
EMPLOYER/BUSINESS ADDRESS	<table border="1"> <tr> <th colspan="4">FROM</th> <th colspan="4">TO</th> </tr> <tr> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>m</td><td>m</td><td>y</td><td>y</td> <td>m</td><td>m</td><td>y</td><td>y</td> </tr> </table>	FROM				TO												m	m	y	y	m	m	y	y
FROM				TO																					
m	m	y	y	m	m	y	y																		
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____																								
EMPLOYER/BUSINESS ADDRESS	<table border="1"> <tr> <th colspan="4">FROM</th> <th colspan="4">TO</th> </tr> <tr> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>m</td><td>m</td><td>y</td><td>y</td> <td>m</td><td>m</td><td>y</td><td>y</td> </tr> </table>	FROM				TO												m	m	y	y	m	m	y	y
FROM				TO																					
m	m	y	y	m	m	y	y																		

**HEIRS** (In case of death, Fund benefits shall be divided among the member's heirs in accordance with the New Civil Code as amended by the New Family Code) (Use another sheet if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH																
				<input type="checkbox"/>		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>									m	m	d	d	y	y	y	y
m	m	d	d	y	y	y	y															
				<input type="checkbox"/>		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>									m	m	d	d	y	y	y	y
m	m	d	d	y	y	y	y															
				<input type="checkbox"/>		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>									m	m	d	d	y	y	y	y
m	m	d	d	y	y	y	y															
				<input type="checkbox"/>		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>									m	m	d	d	y	y	y	y
m	m	d	d	y	y	y	y															

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE OF MEMBER

7/30/2019  
\_\_\_\_\_  
DATE

**FOR Pag-IBIG FUND USE ONLY**

RECEIVED BY	DATE
_____ <i>Signature over Printed Name</i> _____ <i>Designation/Position</i> _____ <i>Branch/Unit</i>	

**DISCLAIMER**

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.