



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

1	2	9	1
2	1	3	2
2	2	5	3

REGISTRATION TRACKING NUMBER
9213.4186.9795

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	
<input type="checkbox"/> EMPLOYED (PRIVATE)	<input type="checkbox"/> SELF-EMPLOYED	<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"/> EMPLOYED PRIVATE HOUSEHOLD	<input type="checkbox"/> JOB ORDER PERSONNEL	<input type="checkbox"/> NON-WORKING SPOUSE	<input type="checkbox"/> OTHERS. <i>Please specify</i>
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> OTHER EARNING GROUP (OEGs)	<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	
		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	

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	ULGASAN	SHERYL MAE		GULAY	<input type="checkbox"/>
FATHER	ULGASAN	JUDITO		DORIMON	<input type="checkbox"/>
*MOTHER <small>(Maiden Name)</small>	GULAY	ISABEL		MABIYA	<input type="checkbox"/>
*SPOUSE <small>(If Married)</small>					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">1</td> <td style="width: 25%;">2</td> <td style="width: 25%;">7</td> <td style="width: 25%;">1</td> </tr> <tr> <td style="width: 25%;">9</td> <td style="width: 25%;">9</td> <td style="width: 25%;">9</td> <td style="width: 25%;">9</td> </tr> </table>	1	2	7	1	9	9	9	9	*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) <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>				
1	2	7	1											
9	9	9	9											
*PLACE OF BIRTH <small>(City/Municipality/Province/Country)</small> <small>(Please indicate country if born outside the Philippines)</small> DUERO, BOHOL	*CITIZENSHIP FILIPINO	SSS/GSIS NUMBER <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>												
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female HEIGHT: 154 (cm) WEIGHT: 45 (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES <small>(Ex. Moles, Scars, etc.)</small> moles, scars	EMPLOYEE NUMBER <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>												
COMMON REFERENCE NUMBER (CRN) <small>(If Available)</small> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					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. <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>								
		For DepEd Employee, Division Code-Station Code <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>												

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor, Building Name, Lot No., Block No., Phase No., House No, Street Name Subdivision: BANILAD Municipality/City: CEBU CITY Province/State/Country (if abroad): ZIP Code: 6000	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home Call Phone Business (Direct Line) Business (Trunk Line) Local Email Address
*PRESENT HOME ADDRESS Unit/Room No., Floor, Building Name, Lot No., Block No., Phase No., House No, Street Name Subdivision: BANILAD Municipality/City: CEBU CITY Province/State/Country (if abroad): ZIP Code: 6000	
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	