



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	
1212	91137046
REGISTRATION TRACKING NO.	

### 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		VOLUNTARY	
<input type="checkbox"/> EMPLOYED <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PRIVATE HOUSEHOLD <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER <input type="checkbox"/> JOB ORDER PERSONNEL <input type="checkbox"/> OTHER EARNING GROUP (OEGs) <i>Please specify: _____</i> <input type="checkbox"/> OTHERS, <i>Please specify</i> _____	<input type="checkbox"/> EMPLOYED <input type="checkbox"/> EMPLOYEE OF FOREIGN GOVERNMENT <input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> OTHERS, <i>Please specify</i> _____	<input type="checkbox"/> INDIVIDUAL PAYOR <input type="checkbox"/> MEMBER OF COOPERATIVE <input type="checkbox"/> MEMBER OF TRADE UNION <input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP <input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT <input type="checkbox"/> PENSIONER/INVESTOR/LESSOR

**PERSONAL DETAILS**

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>	LIPIT	CAMILLE JANE		DALISAY	<input type="checkbox"/>
<b>FATHER</b>					<input type="checkbox"/>
<b>*MOTHER</b> <i>(Maiden Name)</i>	LIPIT	IRENE		DALISAY	<input type="checkbox"/>
<b>*SPOUSE</b> <i>(If Married)</i>					<input type="checkbox"/>
<b>MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE</b>	LIPIT	CAMILLE JANE		DALISAY	<input type="checkbox"/>

<b>*DATE OF BIRTH</b> 05 07 2001 <small>m m d d y y y y</small>	<b>*MARITAL STATUS</b> <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>TAXPAYER IDENTIFICATION NUMBER (TIN)</b> 510 911 419						
<b>*PLACE OF BIRTH</b> <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i> Hilongos Leyte	<b>*CITIZENSHIP</b> FILIPINO	<b>SSS/GSIS NUMBER</b> 3513182674						
<table border="1"> <tr> <td><b>*SEX</b></td> <td><b>HEIGHT</b></td> <td><b>WEIGHT</b></td> </tr> <tr> <td><input type="checkbox"/> Male <input checked="" type="checkbox"/> Female</td> <td>5 (cm)</td> <td>50 (kg)</td> </tr> </table>	<b>*SEX</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	5 (cm)	50 (kg)	<b>PROMINENT DISTINGUISHING FACIAL FEATURES</b> <i>(Ex. Moles, Scars, etc.)</i>	<b>EMPLOYEE NUMBER</b> _____ <i>For AFP/PNP Employee, Serial/Badge No.</i> _____ <i>For DepEd Employee, Division Code-Station Code</i> _____
<b>*SEX</b>	<b>HEIGHT</b>	<b>WEIGHT</b>						
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	5 (cm)	50 (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> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly							

**ADDRESS AND CONTACT DETAILS**

<b>*PERMANENT HOME ADDRESS</b> Unit/Room No., Floor   Building Name   Lot No., Block No., Phase No.   House No   Street Name _____ 144 Padre Burgos	(Indicate country code if abroad) COUNTRY + AREA CODE   TELEPHONE NUMBER Home _____
Subdivision   Barangay   Municipality/City   Province/State/Country <i>(if abroad)</i> ZIP Code Poblacion 1   Hindang   Leyte   6523	*Cell Phone 0985 1341002
<b>*PRESENT HOME ADDRESS</b> Unit/Room No., Floor   Building Name   Lot No., Block No., Phase No.   House No   Street Name _____ 3158 P. Rodriguez	Business (Direct Line) _____ Business (Trunk Line) _____   Local _____ Email Address _____
Subdivision   Barangay   Municipality/City   Province/State/Country <i>(if abroad)</i> ZIP Code SITIO BOMBIL LOOC LAPU-LAPU   CEBU   6015	
<b>*PREFERRED MAILING ADDRESS</b> <input type="checkbox"/> Present Home Address <input 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)

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

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

EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____																				
EMPLOYER/BUSINESS ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;">FROM</td> <td style="width:50%; text-align:center;">TO</td> </tr> <tr> <td style="text-align:center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black;"> </td> <td style="width:25%; border: 1px solid black;"> </td> <td style="width:25%; border: 1px solid black;"> </td> <td style="width:25%; border: 1px solid black;"> </td> </tr> <tr> <td style="text-align:center;">m m</td> <td style="text-align:center;">y y</td> <td style="text-align:center;">y y</td> <td style="text-align:center;">y y</td> </tr> </table> </td> <td style="text-align:center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black;"> </td> <td style="width:25%; border: 1px solid black;"> </td> <td style="width:25%; border: 1px solid black;"> </td> <td style="width:25%; border: 1px solid black;"> </td> </tr> <tr> <td style="text-align:center;">m m</td> <td style="text-align:center;">y y</td> <td style="text-align:center;">y y</td> <td style="text-align:center;">y y</td> </tr> </table> </td> </tr> </table>	FROM	TO	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black;"> </td> <td style="width:25%; border: 1px solid black;"> </td> <td style="width:25%; border: 1px solid black;"> </td> <td style="width:25%; border: 1px solid black;"> </td> </tr> <tr> <td style="text-align:center;">m m</td> <td style="text-align:center;">y y</td> <td style="text-align:center;">y y</td> <td style="text-align:center;">y y</td> </tr> </table>					m m	y y	y y	y y	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black;"> </td> <td style="width:25%; border: 1px solid black;"> </td> <td style="width:25%; border: 1px solid black;"> </td> <td style="width:25%; border: 1px solid black;"> </td> </tr> <tr> <td style="text-align:center;">m m</td> <td style="text-align:center;">y y</td> <td style="text-align:center;">y y</td> <td style="text-align:center;">y y</td> </tr> </table>					m m	y y	y y	y y
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**HEIRS** (In case of death, Fund benefits shall be divided among the member's heirs in accordance with the Rules of Succession under the New Civil Code, as amended) (Use another sheet if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME <small>(Check only if applicable)</small>	RELATIONSHIP	DATE OF BIRTH								
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**CERTIFICATION**

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

\_\_\_\_\_  
SIGNATURE OF INFORMANT

**04/07/2024**  
DATE

**FOR Pag-IBIG FUND USE ONLY**

RECEIVED BY <b>CAMILLE JANE D. LIPIT</b> <small>Signature over Printed Name</small>	DESIGNATION <b>CSR</b> <small>Designation/Position</small>	BRANCH/UNIT _____ <small>Branch/Unit</small>	DATE <b>04/07/2024</b>
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**DISCLAIMER**

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

GUIDE IN ACCOMPLISHING MEMBER'S DATA FORM (MDF)

HQR-PFF-030  
(V10, 04/2023)

**MEMBER'S DATA FORM (MDF)**

**FOR Pag-IBIG Fund USE ONLY**

1. Pag-IBIG MID No. (12 digits)

2. REGISTRATION TRACKING NO. (12 digits)

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**\*OCCUPATIONAL STATUS**

EMPLOYED  UNEMPLOYED/NOT YET EMPLOYED

CHECK THIS BOX IF FIRST TIME JOBSEEKERS

**\*MEMBERSHIP CATEGORY**

**MANDATORY**

EMPLOYED  SELF-EMPLOYED  PROFESSIONAL/BUSINESS OWNER  GOVERNMENT  JOB ORDER PERSONNEL  OTHER EARNING GROUP (OEGs)  PRIVATE HOUSEHOLD  OVERSEAS FILIPINO WORKER (OFW)

**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**

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*MEMBER	6				<input type="checkbox"/>
*FATHER	7				<input type="checkbox"/>
*MOTHER (Maiden Name)	8				<input type="checkbox"/>
*SPOUSE (If Married)	9				<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					
*DATE OF BIRTH	11	*MARRITAL STATUS	17	<input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Separated	TAXPAYER IDENTIFICATION NUMBER (TIN)
*PLACE OF BIRTH (City/Municipality/Province) (Please indicate country if born outside the Philippines)	12	*CITIZENSHIP	18		SSS/GSIS NUMBER
*SEX <input type="checkbox"/> M <input type="checkbox"/> F	13	*HEIGHT	14	15	EMPLOYEE NUMBER
*COMMON REFERENCE NUMBER (CRN) (If Available)	16	*FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (if payment of MS is not two pay)	19	20	For AFP/PAF Employees, Serial/Badge No. For DepEd Employees, Division Code-Station Code
<b>ADDRESS AND CONTACT DETAILS</b>					
*PERMANENT HOME ADDRESS Unit/Room No., Floor, Building Name, Street Name, Subdivision, Barangay, Municipality/City, Province/State/Country (if abroad), ZIP Code	24	*AREA CODE	27	*TELEPHONE NUMBER	
*PRESENT HOME ADDRESS Unit/Room No., Floor, Building Name, Street Name, Subdivision, Barangay, Municipality/City, Province/State/Country (if abroad), ZIP Code	25				
*PREFERRED MAILING ADDRESS Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	26				

THIS FORM MAY BE REPRODUCED, NOT FOR SALE.

FRONT

HQR-PFF-039  
(V10, 04/2023)

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

OCCUPATION 28

EMPLOYMENT STATUS  Permanent/Regular  Contract  Project  Part-time/Temporary

TYPE OF WORK (For OFW only)  Land-based  Sea-based

EMPLOYER/BUSINESS NAME 30

MONTHLY INCOME  Basic  Allowances/Others

EMPLOYER/BUSINESS ADDRESS  31

Street Name, Subdivision, Barangay, Municipality/City, Province, State/Country (if abroad), ZIP Code

OFFICE ASSIGNMENT  Head Office  Branch 34

DATE EMPLOYED (Month) 35

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

EMPLOYER/BUSINESS NAME

EMPLOYER/BUSINESS ADDRESS

EMPLOYER/BUSINESS NAME

EMPLOYER/BUSINESS ADDRESS

EMPLOYER/BUSINESS NAME

EMPLOYER/BUSINESS ADDRESS

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

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH

**CERTIFICATION**

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect records, organize, update/modify, consult, use, consolidate, block, erase or destroy my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

SIGNATURE OF INFORMANT \_\_\_\_\_ DATE \_\_\_\_\_

**FOR Pag-IBIG FUND USE ONLY**

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

Signature over Printed Name \_\_\_\_\_ Designation/Position \_\_\_\_\_ Branch/Unit \_\_\_\_\_

BACK

- Pag-IBIG MID No.** - a unique 12-digit number series assigned to a registered member. To be accomplished by Pag-IBIG Fund.
- Registration Tracking No. (RTN)** - refers to system-generated number issued after completion of online registration.
- Instructions** - refers to quick guide in accomplishing the MDF.
- Occupational Status** - check the appropriate box to indicate working status of a person either employed, unemployed or not yet employed (for first time jobseeker).
- Membership Category** - check the appropriate box to indicate type of membership coverage as defined under R.A. 9679.

**Mandatory Coverage**

**a. Employed**

**Private** - any person in service of a private employer and who receives compensation for such services rendered, may or may not be registered yet with the Social Security System (SSS); will also include the following:

- Employees of foreign-based employers with an administrative agreement with the Fund

**Government** - any person in service of any of the government offices that are coverable by the GSIS; will also include the following:

- Uniformed personnel of the Armed Forces of the Philippines, Philippine National Police, Bureau of Fire Protection, Bureau of Jail Management and Penology
- Members of the Judiciary and Constitutional Commissions

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

**Private Household** – any individual rendering domestic services exclusively to a household; may include the following:

- Housemaid/Housekeeper
- Nanny
- Gardener
- Cook
- Driver
- Butler
- Guard
- Governess
- Launderer

- b. **Overseas Filipino Worker (OFW)** - any person working for a foreign-based employer, whether deployed or for deployment abroad, or a combination of local and overseas deployment, whether based on land or at sea.
- c. **Self-employed (SE)** - any person not over sixty (60) years old, who is practicing his/her profession, or engaged in any trade, business or occupation, with monthly average income/ earnings of at least P1,000 and is not under an employer-employee relationship.

**Professional/Business Owner** - refers to individual that earns income through conducting profitable operations from a trade or business that he operates directly.

**Job Order Personnel** - refers to hired workers for a piece of work or intermittent job of short duration not exceeding six (6) months and is paid on a daily or hourly basis and has no employee-employer relationship.

**Other Earning Group (OEGs)** - this refers to small scale units engaged in the production of goods and services with the primary objective of generating employment and income to the person concerned in order to earn a living.

- Public Utility Transport Driver
- Market Vendor
- Farmer
- Fisher Folk
- Others (Other similar self-employed individuals)

## ▪ Voluntary Coverage

### a. Employed

**Employee of Foreign Government** - refers to employee of foreign government (embassies/consulates) or international organizations without an administrative agreement with the Fund.

**Barangay Official/Employee** - refers to any person in authority in their jurisdictions, or who may be designated by law or ordinance and charged with the maintenance of public order, protection and security of life and property, or the maintenance of a desirable and balanced environment, or who comes to the aid of persons in authority.

### b. Individual Payor

**Member of Cooperative** - a member of an autonomous and duly registered association of persons, with a common bond of interest, who have voluntarily joined together to achieve their social, economic, and cultural needs and aspirations by making equitable contributions to the capital required, patronizing their products and services and accepting a fair share of the risks and benefits of the undertaking in accordance with the universally accepted cooperative principles; or

**Member of Trade Union** - a member of an organization whose membership consists of workers and union leaders, united to protect and promote their common interest.

**Non-Working Spouse** - refers to a spouse who devotes full time to managing the household and family affairs.

**Member of Religious Group** - refers to individual, head or leader of any organization in the exercise of religious belief.

**Overseas Filipino Immigrant** - refers to a person of Filipino origin who lives out of the Philippines as citizen or as permanent resident of a different country.

**Pensioner** - any person receiving old-age or permanent total disability pension or any person who has received the lump sum excluding one receiving survivorship pension benefits; or

**Investor** - the owner of investor securities or investor share where investor securities or shares mean shares of stock issued by a Real Estate Investment Trust (REIT) or derivatives thereof; or

**Lessor** - shall include the owner or administrator or agent of the owner of the residential unit.

- 6 **Member's Name** - this portion shall be accomplished in the following order:
- Last Name - refers to the family name or surname.
  - First Name - refers to the given name.
  - Name Extension - refers to Jr., II, III and the like.
  - Middle Name - refers to registrant's mother's maiden last name or for married women, refers to father's last name.
  - No Middle Name - this portion shall be checked if informant is not using a middle name, such as the Chinese.

7 **Father's Name**

8 **Mother's Name (Maiden Name)**

9 **Spouse' Name**

Please refer to item no. 6 in accomplishing Last Name, First Name, Name Extension, and Middle Name

10 **Member's Name as Appearing in the Birth Certificate** - indicate Member's name based on Birth Certificate.

11 **Date of Birth** - indicate date of birth in the following format: mm/dd/yyyy  
*Example: If born on January 14, 1980, please write 01 14 1980.*

12 **Place of Birth** - indicate the City/Municipality/Province/Country where the registrant was born. Specify only the country if born outside the Philippines.

13 **Sex** - check the appropriate box.

14 **Height** - indicate height in centimeters (cm).  
 Conversion: 1 foot = 30.48 cm  
 1 inch = 2.54 cm  
*Example: 5'3" = 160.02 cm*

15 **Weight** - indicate weight in kilograms (kg).  
 Conversion: 1 pound (lb) = 0.4536 kilogram  
*Example: 120 lbs = 54.43 kg*

16 **Common Reference Number (CRN)** - indicate if available.

17 **Marital Status** - check the appropriate box.

18 **Citizenship** - indicate your nationality.

19 **Prominent Distinguishing Facial Features** - indicate your distinguishing features that can be found on the face such as "mole under the right eye" or "mole or birth mark on the left cheek/forehead".

20 **Frequency of Membership Savings (MS) Payment** - check appropriate box if payment of MS is not thru payroll deduction.

21 **Taxpayer Identification Number (TIN)** - indicate your 9-digit TIN issued by the Bureau of Internal Revenue (BIR).

22 **SSS/GSIS Number** - for private employees, indicate your 10-digit Social Security Number, and for government employees, indicate your 11-digit Business Partner Number.

23 **Employee Number** - refers to your company ID number.
 

- For AFP/PNP Employee, indicate Serial/Badge No.
- For DepEd Employee, aside from Employee Number, indicate Division Code-Station Code

24 **Permanent Home Address** - indicate the address of your permanent residence.

25 **Present Home Address** - indicate the address where you currently reside, and the state/country only if present address is outside the Philippines.

26 **Preferred Mailing Address** - check the appropriate box to indicate your chosen address to receive mail.

27 **Contact Numbers** - indicate the country and area code only if outside Metro Manila or based abroad.

28 **Occupation** - indicate your job, profession, or type of work to earn a living.

For Other Working Group (OWG)/Informal Sector, select from the following:

- Public Utility Transport Driver
- Market Vendor
- Farmer
- Fisher Folk
- Others (Other workers in the informal sector)

29 **Employment Status** - check the appropriate box.

30 **Employer/Business Name** - indicate complete Employer/Business Name appearing in the registration certificate or employment contract (applicable for Formally Employed, OFW and Self-employed Professional/Business Owner).

31 **Employer/Business Address** - indicate complete Employer/Business Address appearing in the registration certificate or employment contract (applicable for Formally Employed, OFW and Self-employed Professional/Business Owner).

32 **Type of Work** - check the appropriate box (applicable for OFW only).

33 **Monthly Income** - indicate your income or earning per month.

34 **Office Assignment** - check the appropriate box to indicate whether assigned to Head Office or a particular Branch.

- 35 **Date Employed** - indicate inclusive date of employment under current employer.
- 36 **Previous Employment From Date of Pag-IBIG Membership** - indicate details of your previous employment.
- 37 **Heirs** - indicate your legal heir/s in accordance with the Laws of Succession, as provided in the New Civil Code of the Philippines, as amended.
- 38 **Certification** - affix your signature and indicate the date when the MDF was accomplished.
- 39 **Acknowledgement** - to be accomplished by Pag-IBIG Fund.