



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

1	2	1	1	2	0	3	6	3	0	4	5
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REGISTRATION TRACKING NUMBER
 918043270579

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 which are 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 occupation based on the List of Occupation, as provided in the Philippine Standard Occupational Classification (PSOC).
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 the concerned Pag-IBIG Branch.

*OCCUPATIONAL STATUS EMPLOYED UNEMPLOYED/ NOT YET EMPLOYED

***MEMBERSHIP CATEGORY**

MANDATORY
 EMPLOYED PRIVATE EMPLOYED GOVERNMENT OVERSEAS FILIPINO WORKER (OFW) SELF-EMPLOYED (SE)

VOLUNTARY
 EMPLOYED: EMPLOYED FOREIGN GOVERNMENT BARANGAY OFFICIAL/EMPLOYEE
 INDIVIDUAL PAYOR (IP): NON-WORKING SPOUSE MEMBER OF RELIGIOUS GROUP
 PENSIONER/INVESTOR/LESSOR: MEMBER OF COOPERATIVE/TRADE UNION
 EMPLOYED OTHERS: OTHERS (Please specify)

	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	PAEZ	KLARCHENE		PAEZ	<input type="checkbox"/>
FATHER	PAEZ	JOEL		MANCAO	<input type="checkbox"/>
*MOTHER (Maiden Name)	GEOLIN	SUSANA		OLANDRE	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	PAEZ	KLARCHENE		PAEZ	<input type="checkbox"/>

*DATE OF BIRTH <table border="1" style="width: 100%; text-align: center;"> <tr> <td>0</td><td>9</td><td>0</td><td>1</td><td>1</td><td>9</td><td>9</td><td>2</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>	0	9	0	1	1	9	9	2	m	m	d	d	y	y	y	y	*MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	TAXPAYER IDENTIFICATION NUMBER (TIN) <table border="1" style="width: 100%; text-align: center;"> <tr> <td>3</td><td>1</td><td>6</td><td>0</td><td>2</td><td>3</td><td>0</td><td>6</td><td>8</td> </tr> </table>	3	1	6	0	2	3	0	6	8							
0	9	0	1	1	9	9	2																											
m	m	d	d	y	y	y	y																											
3	1	6	0	2	3	0	6	8																										
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) CEBU CITY, CEBU	*CITIZENSHIP FILIPINO	SSS/GSIS NUMBER <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																																
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female HEIGHT (cm) WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)	EMPLOYEE NUMBER <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> For AFP/PNP Employee, Serial/Badge No. <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> For DepEd Employee, Division Code-Station Code <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																																
COMMON REFERENCE NUMBER (CRN) (If Available) <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>													FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction) <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually																					

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name Subdivision (SITIO TOONG) Barangay BASAK SAN NICOLAS Municipality/City CEBU CITY Province/State/Country (if abroad) CEBU ZIP Code 6000	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home: <input type="text"/> <input type="text"/> Cell Phone: 0956 <input type="text"/> 5008904
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name Subdivision (SITIO TOONG) Barangay BASAK SAN NICOLAS Municipality/City CEBU CITY Province/State/Country (if abroad) CEBU ZIP Code 6000	Business (Direct Line): <input type="text"/> <input type="text"/> Business (Trunk Line): <input type="text"/> <input type="text"/> Local: <input type="text"/> <input type="text"/> Email Address: <input type="text"/>
*PREFERRED MAILING ADDRESS <input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	