



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NO.  
121270215171  
REGISTRATION TRACKING NO.  
920078506120

OCCUPATIONAL STATUS UNEMPLOYED/NOT YET EMPLOYED

MEMBERSHIP CATEGORY Please specify

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	MADERA	EJ LYN		MAGLASANG	<input type="checkbox"/>
FATHER	MADERA	JUNEL		BERMUDEZ	<input type="checkbox"/>
MOTHER (Maiden Name)	MAGLASANG	ELAINE			<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	MADERA	EJ LYN		MAGLASANG	<input type="checkbox"/>
DATE OF BIRTH 07/15/2001	MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)		
PLACE OF BIRTH CEBU CITY, CEBU, PHILIPPINES		CITIZENSHIP FILIPINO		SSS NUMBER	
SEX FEMALE	HEIGHT(cm) 0.00	WEIGHT(kg) 0.00	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER For AFP/PNP Employee, Serial/Badge No.
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		For DepEd Employee, Division Code-Station Code	

ADDRESS AND CONTACT DETAILS

PERMANENT HOME ADDRESS				COUNTRY + AREA CODE + TELEPHONE NUMBER	
Unit/Room No., Floor	Building Name		Home		
Lot No., Block No., Phase No.	House No.	Street Name		Cell Phone	
Subdivision	Barangay BANILAD		Business (Direct Line) +63 (0969) 0620439		
Municipality/City MANDAUE CITY	Province/State/Country CEBU, PHILIPPINES		Business (Trunk Line)		
ZIP Code 6014			Email Address ejmadera155@gmail.com		
PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot No.,	Block No.,	Phase No.	
House No.	Street Name	Subdivision		Barangay BANILAD	
Municipality/City MANDAUE CITY	Province/State/Country CEBU, PHILIPPINES		ZIP Code 6014		
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			

PRESENT EMPLOYMENT DETAILS					
OCCUPATION			EMPLOYMENT STATUS	TYPE OF WORK	
EMPLOYER/BUSINESS NAME			COUNTRY OF ASSIGNMENT		
EMPLOYER/BUSINESS ADDRESS			MONTHLY INCOME		
Unit/Room No., Floor		Building Name		Basic	
Lot No., Block No., Phase No.		House No., Street Name		Allowances/Others	
Subdivision		Barangay		Total Mo. Income	
Municipality/City		Province		OFFICE ASSIGNMENT	
State/Country(if abroad)		ZIP Code		DATE EMPLOYED	

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP		
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS	FROM	TO

HEIRS					
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME RELATIONSHIP	DATE OF BIRTH
[ ]					

CERTIFICATION	
<p>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).</p>	
SIGNATURE OF INFORMANT	DATE
FOR Pag-IBIG FUND USE ONLY	
RECEIVED BY: <b>BY: [Signature]</b>	DATE
Signature over Printed Name	Designation/Position
	Branch/Unit
	<b>MAY 20 2024</b>

**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.