



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121289304701
REGISTRATION TRACKING NUMBER	921290431858

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	ROJO	JOSHUA CAMERON		YLAYA	<input type="checkbox"/>
FATHER	ROJO	CHRISTIAN		ALESNA	<input type="checkbox"/>
MOTHER (Maiden Name)	ROJO	JINKIE		YLAYA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ROJO	JOSHUA CAMERON		YLAYA	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
04/15/2001		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
MINGLANILLA, CEBU			FILIPINO		GSIS NUMBER
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
MALE	175.00	65.00			
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER
					For AFP/PNP Employee, Serial/Badge No.
					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
				N BACALSO	+63 (0906) 4116229
Subdivision		Barangay			Business (Direct Line)
STA FELOMINA		SANGAT			Business (Trunk Line)
Municipality/City		Province/State/Country			Email Address
MINGLANILLA		CEBU, PHILIPPINES			rojo.joshuacameron@gmail.com
ZIP Code					
6046					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Phase No.	
House No		Street Name		Subdivision	
		N BACALSO		STA FELOMINA	
Municipality/City		Province/State/Country		Barangay	
MINGLANILLA		CEBU, PHILIPPINES		SANGAT	
ZIP Code					
6046					
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			

PRESENT EMPLOYMENT DETAILS					
OCCUPATION CUSTOMER SERVICE REPRESENTATIVES			EMPLOYMENT STATUS CASUAL	TYPE OF WORK	
EMPLOYER/BUSINESS NAME VCUSTOMER PHILIPPINES (CEBU), INC.				COUNTRY OF ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS				MONTHLY INCOME	
Unit/Room No., Floor 6TH FLOOR	Building Name EBLOC 3		Basic		12,500.00
Lot No., Block No., Phase No.	House No.	Street Name W GEONZON		Allowances/Others	3,000.00
				Total Mo. Income	15,500.00
Subdivision CEBU IT PARK	Barangay APAS		OFFICE ASSIGNMENT		
Municipality/City CEBU CITY	Province CEBU		DATE EMPLOYED OCT 2021		
State/Country (if abroad) PHILIPPINES	ZIP Code 6000				

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund 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	
ROJO	JINKIE		YLAYA	[] MOTHER	07/31/1972	

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	DATE	
BY: <u>MYA T. AREVALO</u>		OCT 26 2021
Signature over Printed Name	Designation/Position	Branch/Unit

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.

ORIGINAL DOC SEEN
BY: MYA T. AREVALO
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