



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

1 2 1 2 8 3 6 3 4 2 3 6

REGISTRATION TRACKING NUMBER

921151700226

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 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 your job, profession, or type of work to earn a living.
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 any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS EMPLOYED UNEMPLOYED/NOT YET EMPLOYED

MEMBERSHIP CATEGORY

MANDATORY

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

VOLUNTARY

- EMPLOYED FOREIGN GOVERNMENT
 BARANGAY OFFICIAL/EMPLOYEE
 NON-WORKING SPOUSE
 MEMBER OF RELIGIOUS GROUP
 PENSIONER/INVESTOR/LESSOR
- MEMBER OF COOPERATIVE/
TRADE UNION
 OVERSEAS FILIPINO IMMIGRANT
 OTHERS, Please specify
SELF EMPLOYED

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	PELONIO	MONIQUE CELESTE		SESTOSO	<input type="checkbox"/>
FATHER	ALACIDA	ROMEO		DINGDING	<input type="checkbox"/>
*MOTHER (Maiden Name)	PELONIO	LOLITA		SESTOSO	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	PELONIO	MONIQUE CELESTE		SESTOSO	<input type="checkbox"/>

*DATE OF BIRTH

1	0	0	9	2	0	0	1
m	m	d	d	y	y	y	y

*PLACE OF BIRTH (City/Municipality/Province/Country)
(Please indicate country if born outside the Philippines)

BOLJOON, CEBU

*MARITAL STATUS

- Single/Unmarried Widower Annulled
 Married Legally Separated

*CITIZENSHIP

FILIPINO

- *SEX
 Male
 Female

HEIGHT

155 (cm)

WEIGHT

53 (kg)

PROMINENT DISTINGUISHING FACIAL FEATURES
(Ex. Moles, Scars, etc.)COMMON REFERENCE NUMBER (CRN)
(If Available)

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FREQUENCY OF MEMBERSHIP SAVINGS (MS)
PAYMENT (If payment of MS is not thru payroll deduction)

- Monthly Semi-Annually
 Quarterly Annually

TAXPAYER IDENTIFICATION NUMBER (TIN)

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SSS/GSIS NUMBER

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EMPLOYEE NUMBER

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For AFP/PNP Employee, Serial/Badge No.

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For DepEd Employee, Division Code-Station Code

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ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS

Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name
 9 5 DATAG

Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code
 SUMMERVILLE 3 BUAGSONG CORDOVA CEBU 6017

*PRESENT HOME ADDRESS

Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name
 9 5 DATAG

Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code
 SUMMERVILLE 3 BUAGSONG CORDOVA CEBU 6017

*PREFERRED MAILING ADDRESS

- Present Home Address Permanent Home Address Employer/Business Address

(Indicate country code if abroad)

COUNTRY + AREA CODE TELEPHONE NUMBER

Home

032 2396217

Cell Phone

0923 3964416

Business (Direct Line)

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Business (Trunk Line) Local

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Email Address

moniquepelonio2@gmail.com