



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
1	2	1	2	4	0	0	4	6	5	7	7
REGISTRATION TRACKING NUMBER											
918343506165											

INSTRUCTIONS

- 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.
- Type or print all entries in BLOCK or CAPITAL LETTERS.
- All fields marked with asterisk (*) are mandatory.
- On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
- The "NAME EXTENSION" shall refer to JR., II, III and the like.
- Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
- On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
- 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.
- 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	VOLUNTARY
<input type="checkbox"/> EMPLOYED PRIVATE <input type="checkbox"/> EMPLOYED GOVERNMENT <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT <input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP <input type="checkbox"/> PENSIONER/INVESTOR/LESSOR
<input type="checkbox"/> SELF-EMPLOYED (SE) <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER <input type="checkbox"/> JOB ORDER PERSONNEL <input type="checkbox"/> OTHER EARNING GROUPS (OEGs)	<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION <input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT <input type="checkbox"/> OTHERS, Please specify

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	ACALAIN	HONEY LYN		CAMACHO	<input type="checkbox"/>
FATHER	ACALAIN	PAULINO		CATANE	<input type="checkbox"/>
*MOTHER (Maiden Name)	CAMACHO	MARIVIC		BERIOSO	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ACALAIN	HONEY LYN		CAMACHO	<input type="checkbox"/>

*DATE OF BIRTH 0 6 3 0 1 9 9 5 <small>m m d d y y y y</small>	*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) []
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) OZAMIS CITY, MISAMIS OCCIDENTAL	*CITIZENSHIP FILIPINO	SSS/GSIS NUMBER []
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT _____ (cm) WEIGHT _____ (kg)	EMPLOYEE NUMBER []
PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)	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	For AFP/PNP Employee, Serial/Badge No. []
COMMON REFERENCE NUMBER (CRN) (If Available) []		For DepEd Employee, Division Code-Station Code []

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER
Subdivision: VILLAFLO Barangay: VILLAFLO Municipality/City: OROQUIETA CITY Province/State/Country (if abroad): MISAMIS OCCIDENTAL ZIP Code: 7207	Home: [] Cell Phone: 0950 [] Business (Direct Line): []
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name	Business (Trunk Line): [] Local: []
Subdivision: LUZ Barangay: LUZ Municipality/City: CEBU CITY Province/State/Country (if abroad): CEBU ZIP Code: 6000	Email Address: honeylyn_1995@yahoo.com

PREFERRED MAILING ADDRESS

Present Home Address Permanent Home Address Employer/Business Address

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.