



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121348300601
REGISTRATION TRACKING NO	924219964816

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	ALEJANDRO	GWYNETH		PETALCORIN	<input type="checkbox"/>
FATHER	ALEJANDRO	RITCHELL		HORTELANO	<input type="checkbox"/>
MOTHER (Maiden Name)	PETALCORIN	ERLINDA		ESTOY	<input type="checkbox"/>
SPOUSE (if Mamed)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ALEJANDRO	GWYNETH		PETALCORIN	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
11/18/2001		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
CEBU CITY, CEBU			FILIPINO		GSIS NUMBER
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
FEMALE	156.00	50.00			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	
NA		NA			
Lot No.	Block No.	Phase No.	House No.	Street Name	Cell Phone
NA	NA	NA	NA	NA	+63 (0991) 4100220
Subdivision			Barangay		Business (Direct Line)
NA			CANSAGA		
Municipality/City			Province/State/Country		Business (Trunk Line)
CONSOLACION			CEBU, PHILIPPINES		
ZIP Code					Email Address
6001					gwyneth.alejandro@gmail.com
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot No.	
NA		NA		NA	
House No.		Street Name		Block No.	
NA		NA		NA	
Subdivision			Barangay		Phase No.
NA			CANSAGA		NA
Municipality/City			Province/State/Country		ZIP Code
CONSOLACION			CEBU, PHILIPPINES		6001
PREFERRED MAILING ADDRESS			PRESENT 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 0.00	
Lot No.	Block No.	Phase No.	House No.	Street Name	Allowances/Others 0.00	
Subdivision					Total Mo. Income 0.00	
Barangay					OFFICE ASSIGNMENT	
Municipality/City					DATE EMPLOYED	
Province						
State/Country(if abroad)				ZIP Code		

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
ALEJANDRO	RAYMUND HANS		PETALCORIN	[]	BROTHER	03/24/2005

CERTIFICATION

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).

[Signature] / 10/02/2024
SIGNATURE OF INFORMANT / DATE

FOR Pag-IBIG FUND USE ONLY		
RECEIVED BY		DATE
BY: <i>[Signature]</i> Signature over Printed Name	Designation/Position	Branch/Unit
		OCT 01 2024

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.

ORIGINAL DOC SEEN

0660