



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NO.

1	2	1	3	1	7	5	1	5	6	4	9
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REGISTRATION TRACKING NO.

924304260661

1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on a single sheet of paper.
2. Submit photocopy of at least one (1) valid ID acceptable to the Fund.
3. Type or print all entries in BLOCK or CAPITAL LETTERS.
4. All fields marked with asterisk (*) are mandatory.
5. On the "OCCUPATIONAL STATUS" portion, if not employed or purpose is pre-employment, select "UNEMPLOYED/NOT YET EMPLOYED". For first time jobseekers, select also the "CHECK THIS BOX IF FIRST TIME JOBSEEKERS".

INSTRUCTIONS

6. The "NAME EXTENSION" shall refer to JR., II, III and the like.
7. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
8. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
9. On the "HEIRS" portion, the provision on the Laws on Succession, under the New Civil Code, shall be observed.
10. 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

CHECK THIS BOX IF FIRST TIME JOBSEEKERS

MEMBERSHIP CATEGORY

<p>MANDATORY</p> <p>EMPLOYED</p> <p><input type="checkbox"/> PRIVATE</p> <p><input type="checkbox"/> GOVERNMENT</p> <p><input type="checkbox"/> PRIVATE HOUSEHOLD</p> <p><input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)</p>	<p><input checked="" type="checkbox"/> SELF-EMPLOYED</p> <p><input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER</p> <p><input type="checkbox"/> JOB ORDER PERSONNEL</p> <p><input type="checkbox"/> OTHER EARNING GROUP (OEGs)</p> <p>Please specify: _____</p> <p><input type="checkbox"/> OTHERS, Please specify _____</p>	<p>VOLUNTARY</p> <p><input type="checkbox"/> EMPLOYED</p> <p><input type="checkbox"/> EMPLOYEE OF FOREIGN GOVERNMENT</p> <p><input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE</p> <p><input type="checkbox"/> OTHERS, Please specify _____</p>	<p><input type="checkbox"/> INDIVIDUAL PAYOR</p> <p><input type="checkbox"/> MEMBER OF COOPERATIVE</p> <p><input type="checkbox"/> MEMBER OF TRADE UNION</p> <p><input type="checkbox"/> NON-WORKING SPOUSE</p> <p><input type="checkbox"/> MEMBER OF RELIGIOUS GROUP</p> <p><input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT</p> <p><input type="checkbox"/> PENSIONER/INVESTOR/LESSOR</p>
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PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
MEMBER	SAPINDING	KHISMA		SAMIDDIN	<input type="checkbox"/>
MOTHER	SAPINDING	KISAR		JUAINI	<input type="checkbox"/>
FATHER (Maiden Name)	SAMIDDIN	SHARIFA		DUGASAN	<input type="checkbox"/>
WIFE (If Married)					<input type="checkbox"/>
FATHER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

<p>DATE OF BIRTH</p> <p>6 1 9 2 0 0 1</p> <p>m d y y y y</p>	<p>*MARRITAL STATUS</p> <p><input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Legally Separated</p>	<p>TAXPAYER IDENTIFICATION NUMBER (TIN)</p> <p>6 2 2 9 0 8 3 5 0</p>
<p>PLACE OF BIRTH (City/Town/Village/Province/Country)</p> <p>Indicate country if born outside the Philippines)</p> <p>ZAMBOANGA CITY</p>	<p>*CITIZENSHIP</p> <p>FILIPINO</p>	<p>SSS/GSIS NUMBER</p> <p>1 0 - 1 4 3 2 1 4 3 1</p>
<p>HEIGHT</p> <p>149 (cm)</p>	<p>WEIGHT</p> <p>57 (kg)</p>	<p>EMPLOYEE NUMBER</p> <p>_____</p> <p>For AFP/PNP Employee, Serial/Badge No.</p> <p>_____</p> <p>For DepEd Employee, Division Code-Station Code</p> <p>_____</p>
<p>MEMBER REFERENCE NUMBER (CRN)</p> <p>(Available)</p> <p>_____</p>	<p>FREQUENCY OF MEMBERSHIP SAVINGS (MS)</p> <p>PAYMENT (If payment of MS is not thru payroll deduction)</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly</p>	

ADDRESS AND CONTACT DETAILS

<p>PERMANENT HOME ADDRESS</p> <p>Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name</p> <p>Vision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code</p> <p>Talon-talon Zamboanga City Zamboanga del Sur 7000</p>	<p>(Indicate country code if abroad)</p> <p>COUNTRY + AREA CODE TELEPHONE NUMBER</p> <p>Home _____</p> <p>*Cell Phone +63 953-450-00191</p> <p>Business (Direct Line) _____</p> <p>Business (Trunk Line) _____ Local _____</p> <p>Email Address khismasapinding6@gmail.com</p>
<p>SENT HOME ADDRESS</p> <p>Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name</p> <p>Vision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code</p> <p>Talon-talon Zamboanga City Zamboanga del Sur 7000</p>	
<p>PREFERRED MAILING ADDRESS</p> <p>Permanent Home Address <input type="checkbox"/> Employer/Business Address</p>	