



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	
1 2 1 3	4 6 1 9 0 5 6 2
REGISTRATION TRACKING NO.	
9241 9251 2089	

INSTRUCTIONS

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".
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**

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

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION <small>(e.g. Jr., II)</small>	MIDDLE NAME	NO MIDDLE NAME <small>(check if applicable only)</small>
*MEMBER	HANDAL	VERONCA	JHAR		<input checked="" type="checkbox"/>
FATHER					<input type="checkbox"/>
*MOTHER (Maiden Name)	HANDAL	FLORAMIE			<input checked="" type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH 12 31 2001 <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) <small>(Please indicate country if born outside the Philippines)</small> SAN REMIGIO, CEBU	*CITIZENSHIP FILIPINO	SSS/GSIS NUMBER [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT 157 (cm)	WEIGHT 51 (kg)
PROMINENT DISTINGUISHING FACIAL FEATURES <small>(Ex. Moles, Scars, etc.)</small>	EMPLOYEE NUMBER [] [] [] [] [] [] [] [] [] [] [] [] [] [] []	
COMMON REFERENCE NUMBER (CRN) <small>(If Available)</small>	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <small>(If payment of MS is not thru payroll deduction)</small> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	For AFP/PNP Employee, Serial/Badge No. [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
		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 Home [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code POBLACION SAN REMIGIO CEBU 6011	
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name	*Cell Phone [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code	Business (Direct Line) [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
	Business (Trunk Line) Local [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	Email Address [] [] [] [] [] [] [] [] [] [] [] [] [] [] []