HQP-PFF-039
(V08, 11/2020)

MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY
Pag-IBIG MID NUMBER: 1212 9957 6498
REGISTRATION TRACKING NUMBER: 9221-4683-4509

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. 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 not employed or purpose is pre-employment, 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, under the New Civil 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 ☐ CHECK THIS BOX IF FIRST TIME JOB SEEKER

***MEMBERSHIP CATEGORY**

MANDATORY		VOLUNTARY	
☐ EMPLOYED (PRIVATE)	☐ SELF-EMPLOYED	☐ EMPLOYED (FOREIGN GOVERNMENT)	☐ MEMBER OF COOPERATIVE/ TRADE UNION
☐ EMPLOYED (GOVERNMENT)	☐ PROFESSIONAL/BUSSINESS OWNER	☐ BARANGAY OFFICIAL/EMPLOYEE	☐ OVERSEAS FILIPINO IMMIGRANT
☐ EMPLOYED PRIVATE HOUSEHOLD	☐ JOB ORDER PERSONNEL	☐ NON-WORKING SPOUSE	☐ OTHERS, *Please specify*
☐ OVERSEAS FILIPINO WORKER (OFW)	☐ OTHER EARNING GROUP (OEGs)	☐ MEMBER OF RELIGIOUS GROUP	
		☐ PENSIONER/INVESTOR/LESSOR	

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	Bontuyan	Syra Mae		Amandac	☐
FATHER	Bontuyan	Ricardo		Amandac	☐
*MOTHER (Maiden Name)	Amandac	Sarita		Nijares	☐
*SPOUSE (If Married)					☐
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					☐

*DATE OF BIRTH: 08 16 2000 (m m d d y y y y)

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

*SEX: ☐ Male ☑ Female

HEIGHT: 157 (cm)

WEIGHT: 67 (kg)

COMMON REFERENCE NUMBER (CRN) (If Available):

*MARITAL STATUS: ☑ Single/Unmarried ☐ Widow/er ☐ Annulled ☐ Married ☐ Legally Separated

*CITIZENSHIP:

PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.):

FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction): ☐ Monthly ☑ Semi-Annually ☐ Quarterly ☐ Annually

TAXPAYER IDENTIFICATION NUMBER (TIN):

SSS/GSIS NUMBER:

EMPLOYEE NUMBER:

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: H. Cortes St.
Subdivision | Barangay: Subangdaku | Municipality/City: Mandaue City | Province/State/Country (if abroad): Cebu | ZIP Code

*PRESENT HOME ADDRESS
Unit/Room No., Floor | Building Name | Lot No., Block No., Phase No., House No. | Street Name: H. Cortes St.
Subdivision | Barangay: Subangdaku | Municipality/City: Mandaue City | Province/State/Country (if abroad): Cebu | ZIP Code

*PREFERRED MAILING ADDRESS: ☑ Present Home Address ☐ Permanent Home Address ☐ Employer/Business Address

(Indicate country code if abroad)
COUNTRY • AREA CODE | TELEPHONE NUMBER
Home
Cell Phone
Business (Direct Line)
Business (Trunk Line) | Local
Email Address

ORIGINAL

THIS FORM MAY BE REPRODUCED, NOT FOR SALE

DATE: 05/26/2020

MANDAUE MS BRANCH