HQP-PFF-039
(V10, 04/2023)

MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NO. 1211 6173 7600

REGISTRATION TRACKING NO.

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	
☐ EMPLOYED ☑ PRIVATE ☐ GOVERNMENT ☐ PRIVATE HOUSEHOLD ☐ OVERSEAS FILIPINO WORKER (OFW)	☐ SELF-EMPLOYED ☐ PROFESSIONAL/BUSINESS OWNER ☐ JOB ORDER PERSONNEL ☐ OTHER EARNING GROUP (OEGs) *Please specify:* _____ ☐ OTHERS, *Please specify* _____	☐ EMPLOYED ☐ EMPLOYEE OF FOREIGN GOVERNMENT ☐ BARANGAY OFFICIAL/EMPLOYEE ☐ OTHERS, *Please specify* _____	☐ INDIVIDUAL PAYOR ☐ MEMBER OF COOPERATIVE ☐ MEMBER OF TRADE UNION ☐ NON-WORKING SPOUSE ☐ MEMBER OF RELIGIOUS GROUP ☐ OVERSEAS FILIPINO IMMIGRANT ☐ 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**	MERCADO	ARIES		TABUYAN	☐
FATHER	MERCADO	ARTURO	PATRIARCA		☐
***MOTHER** *(Maiden Name)*	TABUYAN	ELSA	T.		☐
***SPOUSE** *(If Married)*					☐
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					☐

***DATE OF BIRTH** 06 22 1989 (m m d d y y y y)

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

TAXPAYER IDENTIFICATION NUMBER (TIN) 325 070 762

***PLACE OF BIRTH** *(City/Municipality/Province/Country)* *(Please indicate country if born outside the Philippines)* ILOILO CITY

***CITIZENSHIP** FILIPINO

SSS/GSIS NUMBER 07 26 97 60 23

***SEX** ☑ Male ☐ Female

HEIGHT 167.64 (cm)

WEIGHT 75 (kg)

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

EMPLOYEE NUMBER

For AFP/PNP Employee, Serial/Badge No.

COMMON REFERENCE NUMBER (CRN) *(If Available)*

FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT *(If payment of MS is not thru payroll deduction)* ☐ Monthly ☐ Quarterly

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

Subdivision | Barangay | Municipality/City | Province/State/Country *(if abroad)* | ZIP Code

BRGY. BUYU-AN | TIGBAUAN | ILOILO | 5021

***PRESENT HOME ADDRESS**

Unit/Room No., Floor | Building Name | Lot No., Block No., Phase No. | House No | Street Name

Subdivision | Barangay | Municipality/City | Province/State/Country *(if abroad)* | ZIP Code

BRGY. UMAPAD | MANDAUE CITY | CEBU | 6014

***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