



MEMBER'S DATA FORM (MDF)

FOR Payer-Only Fund Use Only

Payer ID No. Number

1212 8505 1302

REGISTRATION TRACKING NUMBER

9211.8640.5770

- INSTRUCTIONS**
1. Accomplish this form in one (1) copy only. If registration is by 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 propose to be pre-employment, select "UNEMPLOYED/NOT YET EMPLOYED".
 5. The "NAME EXTENSION" shall refer to Jr., Sr., 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 "MARRIAGE" portion, the profession or the Level or Subdivision under the Spouse Civil Code shall be observed.
 9. For any subsequent change of information, please update and accomplish Member's Change of Information Form (MCOI - HGF-PFF-040) and submit to any Payer ID Branch nearest you.

*OCCUPATIONAL STATUS		<input type="checkbox"/> EMPLOYED	<input checked="" type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED
<input type="checkbox"/> CHECK THIS BOX IF FIRST TIME JOB SEEKER			

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

PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., Sr.)	MIDDLE NAME	NO. MIDDLE NAME (Check if Available only)
*MEMBER	ROQUE	ALBERT LOPEZ		GABRIEL	<input type="checkbox"/>
FATHER	ROQUE	ROY		GORTIZ	<input type="checkbox"/>
*MOTHER (Maiden Name)	GABRIEL	EVANGELINE		MACDIDO	<input type="checkbox"/>
*SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE		ROQUE	ALBERT LOPEZ	GABRIEL	<input type="checkbox"/>

DATE OF BIRTH 03 06 2002		MARRIAGE STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		TAXPAYER IDENTIFICATION NUMBER (TIN)	
PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) Cebu City		CITIZENSHIP Filipino		SSS/OSIS NUMBER	
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT 153 (cm)	WEIGHT 49 (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES (E.g. Alopecia, Scars, etc.)		EMPLOYEE NUMBER
COMMON REFERENCE NUMBER (CRN) (if Available)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (if payment of MS is not yet started/declined) <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		For AFP/AFIP Employees: Service Badge No.	
				For Dispatch Employees: Division Code-Station Code	

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS (Use House No., Floor, Building Name, Lot No., Block No., Phase No., House No., Street Name)				Indicate country code if abroad COUNTRY + AREA CODE TELEPHONE NUMBER	
624 Batasuna, Bataan, Municipality/City, Province/State/Country if abroad D. S. SANTIAGO COM				Home 261-2614	
PRESENT HOME ADDRESS (Use House No., Floor, Building Name, Lot No., Block No., Phase No., House No., Street Name)				Call Phone 07291197965	
624 Batasuna, Bataan, Municipality/City, Province/State/Country if abroad H. M. S. SANTIAGO				Business (Direct Line) Business (Toll Free Line) Local	
PREFERRED MAILING ADDRESS (If Present Home Address is Different from Mailing Home Address)				E-mail Address yhc1eashfo18@gmail.com	
				<input type="checkbox"/> Email <input type="checkbox"/> Fax	

THIS FORM MAY BE REPRODUCED, NOT FOR SALE

