



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MD NO.	121348101354
REGISTRATION TRACKING NO.	924216665123

OCCUPATIONAL STATUS		EMPLOYED	
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE Please specify	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NO MIDDLE NAME
MEMBER	DORIA	MARIANELLE	TALINGTING <input type="checkbox"/>
FATHER	TALINGTING	BIENVENIDO JR	ALMODAL <input type="checkbox"/>
MOTHER (Maiden Name)	ACUSAR	MARY JANE	CONGSON <input type="checkbox"/>
SPOUSE (If Married)	DORIA	REN MIKE JESTER	MOCAY <input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	TALINGTING	MARIANELLE	ACUSAR <input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS	
05/02/2002		MARRIED	
PLACE OF BIRTH		CITIZENSHIP	
CONSOLACION, CEBU		FILIPINO	
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES
FEMALE	155.00	78.00	
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT	
		TAXPAYER IDENTIFICATION NUMBER (TIN) 655851780	
		SSS NUMBER 0646377498	
		GSIS NUMBER 1056492	
		EMPLOYEE NUMBER For AFP/PHP Employee, Serial/Badge No.	
		For DepEd Employee, Division Code-Station Code	

ADDRESS AND CONTACT DETAILS

PERMANENT HOME ADDRESS					COUNTRY + AREA CODE + TELEPHONE NUMBER	
Unit/Room No., Floor		Building Name			Home	
Let No.	Block No.	Phase No.	House No.	Street Name	Cell Phone	
				STA CRUZ	+63 (0968) 4330819	
Subdivision		Barangay			Business (Direct Line)	
		LAGTANG			Business (Trunk Line)	
Municipality/City		Province/State/Country			Email Address	
TALISAY CITY		CEBU, PHILIPPINES			yanyanrazuca@gmail.com	
ZIP Code						
6045						
PRESENT HOME ADDRESS						
Unit/Room No., Floor		Building Name				
House No.	Street Name	Lot No.	Block No.	Phase No.		
Subdivision		Barangay				
Municipality/City		Province/State/Country			ZIP Code	
TALISAY CITY		CEBU, PHILIPPINES			6045	
PREFERRED MAILING ADDRESS					PERMANENT HOME ADDRESS	

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

PRESENT EMPLOYMENT DETAILS					
OCCUPATION CUSTOMER SERVICE REPRESENTATIVES			EMPLOYMENT STATUS CASUAL	TYPE OF WORK	
EMPLOYER/BUSINESS NAME TECH MAHINDRA			COUNTRY OF ASSIGNMENT		
EMPLOYER/BUSINESS ADDRESS			MONTHLY INCOME		
Unit/Room No., Floor	Building Name		Basic		0.00
Lot No.	Block No.	Phase No.	House No.	Street Name	Allowances/Others
Subdivision			Total Mo. Income		
Municipality/City CEBU CITY			0.00		
State/Country (if abroad) PHILIPPINES			OFFICE ASSIGNMENT		
			DATE EMPLOYED JULY 2024		
			ZIP Code 6000		

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP		
EMPLOYER/BUSINESS NAME TECH MAHINDRA	OFFICE ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS EBLOC 3 FT PARK LAHUG CEBU CITY	CSR	TO
	FROM	PRESENT
	07/2024	

HEIRS					
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME RELATIONSHIP	DATE OF BIRTH
DORIA	REN MIKE JESTER		MOCAY	SPOUSE	04/06/2000
DORIA	ANAIAH CELESTINE		TALINGTING	DAUGHTER	04/19/2024

CERTIFICATION

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).


8-7-24
 SIGNATURE OF INFORMANT DATE

FOR Pag-IBIG FUND USE ONLY	
 ORIGINAL DOCUMENT SEEN By: MARGALUX KRISTEL P. DE LA PAZ Information Officer - Date:	DATE 8/7/24 Branch/Unit Colm

DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.