



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	
1212	6249 5479
REGISTRATION TRACKING NUMBER	
919313607993	

### INSTRUCTIONS

1. Accomplish this form in **one** (1) copy only. If registration is thru online, the form should be printed back to back on one 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 without employment or purpose is pre-employment or never been employed, 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**, as provided in the New Civil Code of the Philippines, as amended by the New Family 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		<input checked="" type="checkbox"/> EMPLOYED	<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED		
*MEMBERSHIP CATEGORY					
MANDATORY		VOLUNTARY			
<input checked="" type="checkbox"/> EMPLOYED PRIVATE	<input type="checkbox"/> SELF-EMPLOYED (SE)	<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT	<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION		
<input type="checkbox"/> EMPLOYED GOVERNMENT	<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER	<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT		
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> JOB ORDER PERSONNEL	<input type="checkbox"/> NON-WORKING SPOUSE	<input checked="" type="checkbox"/> OTHERS, <i>Please specify</i> ARBEIT		
	<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)	<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP			
		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR			
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER	PAPAS	JAYREL		MAQUIPUTIN	<input type="checkbox"/>
FATHER	PAPAS	JESSIE		SAYSON	<input type="checkbox"/>
*MOTHER <i>(Maiden Name)</i>	MAQUIPUTIN	JUDILYN		SALLOMAN	<input type="checkbox"/>
*SPOUSE <i>(If Married)</i>					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	PAPAS	JAYREL		MAQUIPUTIN	<input type="checkbox"/>
*DATE OF BIRTH	*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
0 1 1 9 2 0 0 1	<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/wr <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
*PLACE OF BIRTH <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>	*CITIZENSHIP		SSS/GSIS NUMBER		
SAN FERNANDO, CEBU	FILIPINO		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT 149 (cm)	WEIGHT 50 (kg)	EMPLOYEE NUMBER		
			[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i>	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		For AFP/PNP Employee, Serial/Badge No.		
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]			[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <i>(If payment of MS is not thru payroll deduction)</i>		For DepEd Employee, Division Code-Station Code		
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		
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
Subdivision	Barangay PITALO	Municipality/City SAN FERNANDO	Province/State/Country <i>(if abroad)</i> CEBU	ZIP Code 6018	Home [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name					Cell Phone 0999 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Subdivision	Barangay PITALO	Municipality/City SAN FERNANDO	Province/State/Country <i>(if abroad)</i> CEBU	ZIP Code 6018	Business (Direct Line) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
*PREFERRED MAILING ADDRESS <input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					Business (Toll Free Line) Local [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
					Email Address jayrelpapas12@gmail.com

PRESENT EMPLOYMENT DETAILS

OCCUPATION		EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contractual <input type="checkbox"/> Project-based <input type="checkbox"/> Part-time/ <input type="checkbox"/> Temporary		TYPE OF WORK (For OFW only) (Pts. specify country of assignment) <input type="checkbox"/> Land-based <input type="checkbox"/> Sea-based	
EMPLOYER/BUSINESS NAME (For Formally Employed, OFW and Self-employed Professional/Business Owner)				MONTHLY INCOME Basic _____ + Allowances/Others _____ = Total Mo. Income _____	
EMPLOYER/BUSINESS ADDRESS (For Formally Employed, OFW and Self-employed Professional/Business Owner) Unit/Room No., Floor      Building Name      Lot No., Block No., Phase No. House No.				OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
Street Name		Subdivision		Barangay PITALO	
Municipality/City SAN FERNANDO		Province CEBU		State/Country (If abroad)      ZIP Code 6018	
				DATE EMPLOYED (Month, Year)	

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP

EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS		FROM      TO m m   y y y y    m m   y y y y	
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS		FROM      TO m m   y y y y    m m   y y y y	
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS		FROM      TO m m   y y y y    m m   y y y y	

HEIRS (In case of death, Fund benefits shall be paid among the members heirs in accordance with the rules and regulations provided by the Fund. Family Code, as amended, shall apply.)

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH
PAPAS	JESSIE		SAYSON	<input type="checkbox"/>	FATHER	1 2 0 8 1 9 7 8 m m d d y y y y
PAPAS	JUDILYN		MAQUIPUTIN	<input type="checkbox"/>	MOTHER	1 2 1 3 1 9 7 5 m m d d y y y y
PAPAS	JURINDA		MAQUIPUTIN	<input type="checkbox"/>	SISTER	0 9 1 0 1 9 9 9 m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

  
SIGNATURE OF MEMBER

11/09/2019  
DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY	DATE
Signature over Printed Name Designation/Position Branch/Unit	

DISCLAIMER

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

BY:   
 DAIC: 11-1119  
 OSSCO