



MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER
 1 2 1 1 6 9 6 7 2 5 6 2
 REGISTRATION TRACKING NUMBER
 916125825014

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 in 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 EMPLOYED UNEMPLOYED/NOT YET EMPLOYED

*MEMBERSHIP CATEGORY

MANDATORY	VOLUNTARY	
<input type="checkbox"/> EMPLOYED PRIVATE <input type="checkbox"/> EMPLOYED GOVERNMENT <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> SELF-EMPLOYED (SE) <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER <input type="checkbox"/> JOB ORDER PERSONNEL <input type="checkbox"/> OTHER EARNING GROUPS (OEGs)	<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT <input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP <input type="checkbox"/> PENSIONER/INVESTOR/LESSOR <input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION <input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT <input type="checkbox"/> OTHERS, <i>Other specify</i>

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	CABUNILAS	ANGELITO		ESOLANA	<input type="checkbox"/>
FATHER	CABUNILAS	ALBERTO	SR.	BACARRO	<input type="checkbox"/>
*MOTHER (Maiden Name)	ESOLANA	JOUITA		TEPACIRA	<input type="checkbox"/>
*SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	CABUNILAS	ANGELITO		ESOLANA	<input type="checkbox"/>

*DATE OF BIRTH 02 23 19 78	*MARITAL 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) 333 531 137
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) LEBU	*CITIZENSHIP	SSS/GSIS NUMBER 345 897 1089
*SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female HEIGHT (cm) _____ WEIGHT (kg) _____	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)	EMPLOYEE NUMBER _____ For AFP/PNP Employee, Serial/Badge No. _____ For DepEd Employee, Division Code-Station Code _____
COMMON REFERENCE NUMBER (CRN) (if Available) _____	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (if payment of MS is not thru payroll deduction) <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 Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code GUU-08 LAPU-LAPU LEBU 6015	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home Cell Phone Business (Direct Line) Business (Trunk Line) Local Email Address
*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 GUU-08 LAPU-LAPU LEBU 6015	
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	