



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121322013622
REGISTRATION TRACKING NO.	923172085599

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED	
MEMBERSHIP CATEGORY		Please specify	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NO MIDDLE NAME
MEMBER	SUELA	VINCE CLARK	<input type="checkbox"/>
FATHER	SUELA	JIFFY	<input type="checkbox"/>
MOTHER (Maiden Name)	RUBLICO	CHARLOTTE	<input type="checkbox"/>
SPOUSE (if Married)			<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	SUELA	VINCE CLARK	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)
06/08/2004	Single/Unmarried		
PLACE OF BIRTH	CITIZENSHIP	SSS NUMBER	
CEBU CITY, CEBU	FILIPINO	0646058429	
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES
MALE	170.00	46.00	
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER
			For AFP/PNP 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
Lot No., Block No., Phase No.	House No.	Street Name	Cell Phone
			+63 (0927) 3676316
Subdivision	Barangay		Business (Direct Line)
DOÑA RITA	TALAMBAN		
Municipality/City	Province/State/Country		Business (Trunk Line)
CEBU CITY	CEBU, PHILIPPINES		
ZIP Code			Email Address
6000			
PRESENT HOME ADDRESS			
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	
House No.	Street Name	Subdivision	Barangay
		DOÑA RITA	TALAMBAN
Municipality/City	Province/State/Country		ZIP Code
CEBU CITY	CEBU, PHILIPPINES		6000
PREFERRED MAILING ADDRESS	PERMANENT HOME ADDRESS		

PRESENT EMPLOYMENT DETAILS						
OCCUPATION			EMPLOYMENT STATUS		TYPE OF WORK	
EMPLOYER/BUSINESS NAME				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	0.00
Subdivision		Barangay		Total Mo. Income		0.00
Municipality/City		Province		OFFICE ASSIGNMENT		
State/Country(if abroad)			ZIP Code		DATE EMPLOYED	

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP		
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT
EMPLOYER/BUSINESS ADDRESS		FROM TO

HEIRS						
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH

CERTIFICATION	
<p>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).</p>	
<p>_____ SIGNATURE OF INFORMANT</p>	<p>_____ DATE</p>
FOR Pag-IBIG FUND USE ONLY	
<p>RECEIVED BY: <u>CARMEL C. [Signature]</u> Accts. & Loans Support Asst. In-charge</p> <p>_____ Signature over Printed Name</p>	<p>_____ Designation/Position</p> <p>_____ Branch/Unit</p> <p>DATE: DEC 02 2024</p>

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.