HQP-PFF-039

MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY
Pag-IBIG MID NUMBER: 1211 1062 6571
REGISTRATION TRACKING NUMBER: 914057067757

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 which are 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 occupation based on the List of Occupation, as provided in the Philippine Standard Occupational Classification (PSOC).
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 the concerned Pag-IBIG Branch.

***OCCUPATIONAL STATUS** ☒ EMPLOYED ☐ UNEMPLOYED/ NOT YET EMPLOYED

***MEMBERSHIP CATEGORY**

MANDATORY
☒ EMPLOYED PRIVATE ☐ EMPLOYED GOVERNMENT ☐ OVERSEAS FILIPINO WORKER (OFW) ☐ SELF-EMPLOYED (SE)

VOLUNTARY
EMPLOYED
☐ EMPLOYED FOREIGN GOVERNMENT ☐ BARANGAY OFFICIAL/EMPLOYEE
INDIVIDUAL PAYOR (IP)
☐ NON-WORKING SPOUSE ☐ MEMBER OF RELIGIOUS GROUP
☐ PENSIONER/INVESTOR/LESSOR ☐ MEMBER OF COOPERATIVE/TRADE UNION
☐ OTHERS *Please specify*

	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
***MEMBER**	AMACANIN	APRYLE		AMARO	☐
FATHER	AMACANIN	RICARDO		FLORES	☐
***MOTHER** *(Maiden Name)*	AMARO	MARITES		BELISTA	☐
***SPOUSE** *(If Married)*					☐
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	AMACANIN	APRYLE		AMARO	☐

***DATE OF BIRTH** 04/15/1992 (mm/dd/yyyy)

***PLACE OF BIRTH** *(City/Municipality/Province/Country)*
(Please indicate country if born outside the Philippines)
CEBU CITY, CEBU

***SEX** ☐ Male ☒ Female

HEIGHT _____ (cm)

WEIGHT _____ (kg)

COMMON REFERENCE NUMBER (CRN) *(If Available)*

***MARITAL STATUS**
☒ Single/Unmarried ☐ Widow/er ☐ Annulled
☐ Married ☐ Legally Separated

***CITIZENSHIP**
FILIPINO

PROMINENT DISTINGUISHING FACIAL FEATURES
(Ex. Moles, Scars, etc.)

FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT *(If payment of MS is not thru payroll deduction)*
☐ Monthly ☐ Semi-Annually
☐ Quarterly ☐ Annually

TAXPAYER IDENTIFICATION NUMBER (TIN)

SSS/GSIS NUMBER

EMPLOYEE NUMBER

For AFP/PNP Employee, Serial/Badge No.

For DepEd Employee, Division Code-Station Code

ADDRESS AND CONTACT DETAILS

***PERMANENT HOME ADDRESS**
Unit/Room No., Floor | Building Name | Lot No., Block No., Phase No. | House No: 41 AP | Street Name: BURGOS STREET | Subdivision
Barangay | Municipality/City | Province/State/Country *(if abroad)*: CEBU | ZIP Code: 6000

***PRESENT HOME ADDRESS**
Unit/Room No., Floor | Building Name | Lot No., Block No., Phase No. | House No: 41 AP | Street Name: BURGOS STREET MANALILI | Subdivision
Barangay | Municipality/City | Province/State/Country *(if abroad)*: CEBU | ZIP Code: 6000

***PREFERRED MAILING ADDRESS**
☒ Present Home Address ☐ Permanent Home Address ☐ Employer/Business Address

(Indicate country code if abroad)
COUNTRY + AREA CODE *TELEPHONE NUMBER*
Home
Cell Phone: 0907 1441508
Business (Direct Line)
Business (Trunk Line) Local
Email Address: ramecami@gmail.com

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

(Rev. 03 1, 01/2015)

Scanned with CamScanner