



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121355893304
REGISTRATION TRACKING NO.	924350645448

OCCUPATIONAL STATUS		EMPLOYED	
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE Please specify	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NAME EXTENSION MIDDLE NAME NO MIDDLE NAME
MEMBER	MORALES	ROEL VICTOR	OSTRIA <input type="checkbox"/>
FATHER	MORALES	RODRIGO	TINDOY <input type="checkbox"/>
MOTHER (Maiden Name)	OSTRIA	ELSA	ARGUILLES <input type="checkbox"/>
SPOUSE (if Married)			<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	MORALES	ROEL VICTOR	OSTRIA <input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)
05/07/2001	Single/Unmarried		664882244
PLACE OF BIRTH	CITIZENSHIP	SSS NUMBER	
MERIDA, LEYTE	FILIPINO	0650268470	
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES
MALE	168.00	67.00	
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER
			5248
			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 (0956) 4359560
Subdivision	Barangay		Business (Direct Line)
	LIBJO		
Municipality/City	Province/State/Country		Business (Trunk Line)
MERIDA	LEYTE, PHILIPPINES		
ZIP Code			Email Address
6540			heyitsviccc@gmail.com
PRESENT HOME ADDRESS			
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	
House No.	Street Name	Subdivision	Barangay
	OMEGA ST		APAS
Municipality/City	Province/State/Country		ZIP Code
CEBU CITY	CEBU, PHILIPPINES		6000
PREFERRED MAILING ADDRESS	PERMANENT HOME ADDRESS		

PRESENT EMPLOYMENT DETAILS

OCCUPATION HEALTHCARE SUPPORT WORKERS, ALL OTHER		EMPLOYMENT STATUS CONTRACTUAL	TYPE OF WORK
EMPLOYER/BUSINESS NAME IPLOY OPC		COUNTRY OF ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor 9TH Lot No., Block No., Phase No. Subdivision CEBU BUSINESS PARK Municipality/City CEBU CITY State/Country(if abroad) PHILIPPINES		Building Name AYALA CENTER CEBU TOWER House No., Street Name BOHOL AVENUE Barangay Province CEBU ZIP Code 5000	MONTHLY INCOME Basic 16,000.00 Allowances/Others 2,400.00 Total Mo. income 18,400.00 OFFICE ASSIGNMENT HEAD OFFICE DATE EMPLOYED DEC 2024

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
MORALES	ELSA		OSTRIA	[]	SISTER	10/24/2002
MORALES	ISABEL		OSTRIA	[]	MOTHER	11/30/1971

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).

SIGNATURE OF INFORMANT

DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY  _____ Signature over Printed Name	_____ Designation/Position	_____ Branch/Unit	DATE DEC 19 2024
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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.