



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(V10, 04/2023)

FOR PAG-IBIG MEMBERS ONLY

Pag-IBIG MID NO. **1213 2098 8500**

REGISTRATION TRACKING NO. **9231569 32171**

1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on a single sheet of paper.
2. Submit photocopy of at least one (1) valid ID acceptable to the Fund.
3. Type or print all entries in BLOCK or CAPITAL LETTERS.
4. All fields marked with asterisk (*) are mandatory.
5. On the "OCCUPATIONAL STATUS" portion, if not employed or purpose is pre-employment, select "UNEMPLOYED/NOT YET EMPLOYED". For first time jobseekers, select also the "CHECK THIS BOX IF FIRST TIME JOBSEEKERS".

INSTRUCTIONS

6. The "NAME EXTENSION" shall refer to JR., II, III and the like.
7. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
8. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
9. On the "HEIRS" portion, the provision on the Laws on Succession, under the New Civil Code, shall be observed.
10. 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

CHECK THIS BOX IF FIRST TIME JOBSEEKERS

MANDATORY

- EMPLOYED
- PRIVATE
- GOVERNMENT
- PRIVATE HOUSEHOLD
- OVERSEAS FILIPINO WORKER (OFW)

- SELF-EMPLOYED
- PROFESSIONAL/BUSINESS OWNER
- JOB ORDER PERSONNEL
- OTHER EARNING GROUP (OEGs)
- Please specify: _____
- OTHERS, Please specify _____

VOLUNTARY

- EMPLOYED
- EMPLOYEE OF FOREIGN GOVERNMENT
- BARANGAY OFFICIAL/EMPLOYEE
- OTHERS, Please specify _____

- INDIVIDUAL PAYOR
- MEMBER OF COOPERATIVE
- MEMBER OF TRADE UNION
- NON-WORKING SPOUSE
- MEMBER OF RELIGIOUS GROUP
- OVERSEAS FILIPINO IMMIGRANT
- PENSIONER/INVESTOR/LESSOR

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	Salfomones	Marrhan		Ursal (U.)	<input type="checkbox"/>
FATHER	Salfomones	Marcelo		Entirena (E)	<input type="checkbox"/>
*MOTHER (Maiden Name)	Ursal	Rhona		Pitogoc (P)	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH

06 19 2003

*MARITAL STATUS

- Single/Unmarried Widower Annulled
- Married Legally Separated

TAXPAYER IDENTIFICATION NUMBER (TIN)

*PLACE OF BIRTH (City/Municipality/Province/Country)

(Please indicate country if born outside the Philippines)

Moctan Doctors Hospital
Cebu, Philippines

*CITIZENSHIP

Filipino

SSS/GSIS NUMBER

0645929313

*SEX

- Male
- Female

HEIGHT

4'9 (cm)

WEIGHT

45 (kg)

PROMINENT DISTINGUISHING FACIAL FEATURES

(Ex. Moles, Scars, etc.)

mole between cheeks

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)

- Monthly Quarterly

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS

Unit/Room No., Floor, Building Name, Lot No., Block No., Phase No., House No., Street Name
Parola Street

Subdivision, Barangay, Municipality/City, Province/State/Country (if abroad), ZIP Code
160, Lapu-lapu, Cebu, 6015

*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

*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
Globe 09453609043

Business (Direct Line) _____

Business (Trunk Line) _____ Local _____

Email Address
salfamonesmarr@gmail.com

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.