



# MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER											
1	2	1	1	6	8	9	9	0	4	3	7
REGISTRATION TRACKING NUMBER											

### 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 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 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		<input checked="" type="checkbox"/> EMPLOYED		<input checked="" type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED	
*MEMBERSHIP CATEGORY					
MANDATORY			VOLUNTARY		
<input checked="" type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> SELF-EMPLOYED (SE)		<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT	
<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER		<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION	
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)		<input type="checkbox"/> JOB ORDER PERSONNEL		<input type="checkbox"/> NON-WORKING SPOUSE	
		<input type="checkbox"/> OTHER WORKING GROUP (OWG)/ INFORMAL SECTOR		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	
				<input type="checkbox"/> OTHERS, Please specify	
				<input type="checkbox"/> 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	ALCEDERA	EUNICE AMOR		SARMIENTO	<input type="checkbox"/>
FATHER	ALCEDERA	EUGENIO			<input checked="" type="checkbox"/>
*MOTHER (Maiden Name)	SARMIENTO	AMORINA		LAROGA	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>
*DATE OF BIRTH 10 01 1994		*MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/w <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		TAXPAYER IDENTIFICATION NUMBER (TIN) 328 819 051	
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) PASAY CITY		*CITIZENSHIP FILIPINO		SSS/GSIS NUMBER 3458892582	
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT 153 (cm)	WEIGHT 59 (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)		EMPLOYEE NUMBER
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		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 Street Name					(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Home
	BAGACAY	SIBONGA	CEBU	6020	Cell Phone
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name					Business (Direct Line)
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Business (Trunk Line) Local
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					Email Address

