



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NO

1	2	3	4	5	6	7	8	9	10

 2873 7154

REGISTRATION TRACKING NO.
 9292-6779-1871

INSTRUCTIONS

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".
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

***MEMBERSHIP CATEGORY**

MANDATORY	VOLUNTARY
<input checked="" type="checkbox"/> EMPLOYED <input checked="" type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PRIVATE HOUSEHOLD <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> EMPLOYED <input type="checkbox"/> EMPLOYEE OF FOREIGN GOVERNMENT <input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> OTHERS, Please specify _____ <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER <input type="checkbox"/> JOB ORDER PERSONNEL <input type="checkbox"/> OTHER EARNING GROUP (OEGs) Please specify: _____ <input type="checkbox"/> 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 <small>(e.g. Jr., II)</small>	MIDDLE NAME	NO MIDDLE NAME <small>(check if applicable only)</small>
*MEMBER	FUENTES	CHARLIE RALPH		TEAÑO	<input type="checkbox"/>
FATHER	FUENTES	RUFINO		AUXTERO	<input type="checkbox"/>
*MOTHER (Maiden Name)	TEAÑO	CHARITO		SEVILLANO	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH 01 04 2001 <small>m m d d y y y y</small>	*MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	TAXPAYER IDENTIFICATION NUMBER (TIN) _____
*PLACE OF BIRTH (City/Municipality/Province/Country) <small>(Please indicate country if born outside the Philippines)</small>	*CITIZENSHIP FILIPINO	SSS/GSIS NUMBER 0646728089
*SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT 175 (cm)	EMPLOYEE NUMBER _____
WEIGHT 58 (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES <small>(Ex. Moles, Scars, etc.)</small>	For AFP/PNP Employee, Serial/Badge No _____
COMMON REFERENCE NUMBER (CRN) <small>(If Available)</small>	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <small>(If payment of MS is not thru payroll deduction)</small> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	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 PUPOK-SAMPAGUITA CASILI CONSOLACION CEBU 6001 Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home _____ *Cell Phone 0947 7023799 Business (Direct Line) _____ Business (Trunk Line) Local _____ Email Address charlie.ralph.fuentes@gmail.com
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name PUPOK-SAMPAGUITA CASILI CONSOLACION CEBU 6001 Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code	
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	

THIS FORM MAY BE REPRODUCED, NOT FOR SALE.

PRESENT EMPLOYMENT DETAILS (If with more than one (1) employer, use separate sheet and follow format below)

OCCUPATION TECHNICAL		EMPLOYMENT STATUS <input checked="" type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Project-based		TYPE OF WORK (For OFW only) (Pls. specify country of assignment) <input type="checkbox"/> Land-based <input type="checkbox"/> Sea-based	
EMPLOYER/BUSINESS NAME HW IT DISTRIBUTOR				MONTHLY INCOME Basic _____ Allowances/Others _____ Total Mo. Income = ₱ 14,300	
EMPLOYER BUSINESS ADDRESS Unit/Room No., Floor _____ Building Name _____ Lot No., Block No. Phase No. House No. _____ #15 M.J. CUENCO ISHMATEL COMP. BRGY. SAN ROQUE Street Name _____ Subdivision _____ Barangay _____ CEBU CITY CEBU 6000 Municipality/City _____ Province _____ State/Country (if abroad) _____ ZIP Code _____				OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____ DATE EMPLOYED (Month, Year) _____	

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP (Use another sheet if necessary)

EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM _____ TO _____ m m y y y y m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM _____ TO _____ m m y y y y m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM _____ TO _____ m m y y y y m m y y y y

HEIRS (In case of death, Fund benefits shall be divided among the member's heirs in accordance with the Rules of Succession under the New Civil Code, as amended) (Use another sheet if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME <small>(Check only if applicable)</small>	RELATIONSHIP	DATE OF BIRTH
BARRIENTOS	ROJAN		CAPIN	<input type="checkbox"/>	NIECE	11 17 2017 m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y

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).

CHARUE RALPH FUENTES
SIGNATURE OF INFORMANT

09/20/2023
DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY Ma. Carmela G. Catubig Signature over Printed Name	CA Designation/Position	DANAO Branch/Unit	DATE 9/20/23
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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.