



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121326039018
REGISTRATION TRACKING NUMBER	923226653410

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	GALVEZ	LOVELYN		ABENOJA	<input type="checkbox"/>
FATHER	GALVEZ	SERVILLANO	JR	TUMADLAS	<input type="checkbox"/>
MOTHER (Maiden Name)	ABENOJA	MARILYN		BRITANIA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	GALVEZ	LOVELYN		ABENOJA	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
11/27/2001	Single/Unmarried				
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER		
MAHAPLAG, LEYTE	FILIPINO		0648445595		
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
FEMALE	0.00	0.00			<i>For AFP/PNP Employee, Serial/Badge No.</i>
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		<i>For DepEd Employee, Division Code-Station Code</i>	

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
				INDEPENDENCE	+63 (0981) 1449756
Subdivision		Barangay			Business (Direct Line)
		POBLACION			
Municipality/City		Province/State/Country			Business (Trunk Line)
MAHAPLAG		LEYTE, PHILIPPINES			
ZIP Code					Email Address
6512					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot no.,	Block no.,
				Phase No.	
House No		Street Name		Subdivision	
		INDEPENDENCE		Barangay	
				POBLACION	
Municipality/City		Province/State/Country			ZIP Code
MAHAPLAG		LEYTE, PHILIPPINES			6512
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

PRESENT EMPLOYMENT DETAILS					
OCCUPATION		EMPLOYMENT STATUS		TYPE OF WORK	
EMPLOYER/BUSINESS NAME				COUNTRY OF ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS				MONTHLY INCOME	
Unit/Room No., Floor		Building Name		Basic 0.00	
Lot No.	Block No.	Phase No.	House No.	Street Name	Allowances/Others 0.00
Subdivision		Barangay		Total Mo. Income 0.00	
Municipality/City		Province		OFFICE ASSIGNMENT	
State/Country(if abroad)		ZIP Code		DATE EMPLOYED	



PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund 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
[]						

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	ORIGINAL DOCUMENTS	DATE	
	BY: 	DATE: 8/17/20	
Signature over Printed Name	Designation/Position	Branch/Unit	

DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.