



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER
1 2 1 0 4 6 8 4 2 2 0 8

REGISTRATION TRACKING NUMBER
91201209150928

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 EMPLOYED UNEMPLOYED/NOT YET EMPLOYED

*MEMBERSHIP CATEGORY

MANDATORY	VOLUNTARY	
<input checked="" type="checkbox"/> EMPLOYED PRIVATE <input type="checkbox"/> EMPLOYED GOVERNMENT <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> SELF-EMPLOYED (SE) <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER <input type="checkbox"/> JOB ORDER PERSONNEL <input type="checkbox"/> OTHER EARNING GROUPS (OEGs)	<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT <input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP <input type="checkbox"/> PENSIONER/INVESTOR/LESSOR <input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION <input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT <input type="checkbox"/> OTHERS, Please specify

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	COLON	JEMALY		PANSIT	<input type="checkbox"/>
FATHER	COLON	MIGUELIO		WAMAR	<input type="checkbox"/>
*MOTHER (Maiden Name)	PANSIT	FLORLINA		ABELLANA	<input type="checkbox"/>
*SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH 11 27 1986	*MARRITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	TAXPAYER IDENTIFICATION NUMBER (TIN)
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)	*CITIZENSHIP FILIPINO	SSS/GSIS NUMBER
*SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)	EMPLOYEE NUMBER
HEIGHT (cm) _____ WEIGHT (kg) _____	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 _____
COMMON REFERENCE NUMBER (CRN) (if Available)		

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 Sub 3 Awaysan Carcar City, Cebu	Home _____ Cell Phone _____ Business (Direct Line) _____ Business (Trunk Line) Local _____ Email Address _____
*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 Sub 3 Awaysan Carcar City, Cebu	
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	

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

OCCUPATION		EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Casual <input checked="" type="checkbox"/> Contractual <input type="checkbox"/> Project-based <input type="checkbox"/> Part-time/Temporary	TYPE OF WORK (For QFW only) (Pls. specify country of assignment) <input type="checkbox"/> Land-based _____ <input type="checkbox"/> Sea-based _____
EMPLOYER/BUSINESS NAME (For Formally Employed, QFW and Self-employed Professional/Business Owner) TELEPERFORMANCE		MONTHLY INCOME Basic _____ Allowances/Others _____ Total Mo. Income _____	
EMPLOYER/BUSINESS ADDRESS (For Formally Employed, QFW and Self-employed Professional/Business Owner) Unit/Room No., Floor _____ Building Name _____ Lot No., Block No., Phase No. House No. _____ Malibon Rd.		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
Street Name _____	Subdivision _____	Barangay _____	DATE EMPLOYED (Month, Year) Jan 16, 2018
Municipality/City _____	Province _____	State/Country (if abroad) _____	ZIP Code _____

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund 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 New Civil Code as amended by the New Family Code) (Use another sheet if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH
				<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
				<input type="checkbox"/>		m m d d y y y y

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

 **SIGNATURE OF MEMBER**
01/16/18
DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY RECEIVED Signature over Printed Name _____	DATE _____
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.

DATE: **JAN 16 2018**

MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **120507877678**
 Member Category : FORMAL ECONOMY NHTS Coverage :
 Sub-Category : PRIVATE Effectivity Period :

SOLON, JEMALY PANSIT

AWAYAN, POBLACION III, CARCAR,
CEBU 6019

PLEASE KEEP ORIGINAL COPY OF
MEMBER DATA RECORD (MDR)

Foreign Address : N/A Sex : Female
 Date of Birth : 11/27/1986
 Place of Birth : CARCAR, CEBU
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : 2721948 Tax Identification Number : NE

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 012000035773
 Name of Employer/Organized Group : TELEPHILIPPINES INCORPORATED
 Business Address : INSULAR LIFE CEBU BUSINESS CENTRE MINDANAO AVE CEBU BUSINESS PARK, LUZ, CEBU
 CITY, CEBU
 Telephone Number : 2302900
 Tax Identification Number : 004639744011

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NO DECLARED DEPENDENT/S ***

*** NOTHING FOLLOWS ***

WILLIAM O. CHAVEZ
 Regional Vice President
 PRO - VII Cebu City

Paalala : Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital. *Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.*

This is a system generated report. Signature is not required.

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