



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	<input type="text"/>
REGISTRATION TRACKING NO.	<input type="text"/>

### INSTRUCTIONS

1. Accomplish this form in one (1) copy only. The form should be printed back-to-back on a single sheet of paper.
2. Present one (1) valid ID acceptable to the Fund and proof of income except for not yet employed individuals or first time jobseekers.
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. If registered as founding, the following shall be observed:
  - The name of Finder shall be indicated under the "MOTHER" or "FATHER" portion, as applicable.
  - In case the "DATE OF BIRTH" is not available, the information under "Date When Found" shall be indicated.
  - If the "PLACE OF BIRTH" is not available, the information under "Place Where Found" shall be indicated.
11. 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 type="checkbox"/> EMPLOYED <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PRIVATE HOUSEHOLD <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<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: _____	<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"/> INDIVIDUAL PAYOR <input type="checkbox"/> MEMBER OF COOPERATIVE <input type="checkbox"/> MEMBER OF TRADE UNION <input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP <input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT <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					<input type="checkbox"/>
FATHER					<input type="checkbox"/>
*MOTHER'S MAIDEN NAME (AS IT APPEARS ON THE BIRTH CERTIFICATE)					<input type="checkbox"/>
*SPOUSE (For women, indicate Maiden Name)					<input type="checkbox"/>
MEMBER'S NAME (AS IT APPEARS ON THE BIRTH CERTIFICATE)					<input type="checkbox"/>

<b>*DATE OF BIRTH</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>m m d d y y y y</small>	<b>*MARITAL STATUS</b> <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	<b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>*PLACE OF BIRTH</b> (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)	<b>*CITIZENSHIP</b>	<b>SSS/GSIS NUMBER</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>*SEX</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>HEIGHT</b> _____ (cm) <b>WEIGHT</b> _____ (kg)	<b>EMPLOYEE NUMBER</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> For AFP/PNP Employee, Serial/Badge No.
<b>COMMON REFERENCE NUMBER (CRN)</b> (If Available)	<b>PROMINENT DISTINGUISHING FACIAL FEATURES</b> (Ex. Moles, Scars, etc.)	For DepEd Employee, Division Code-Station Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT</b> (If payment of MS is not thru payroll deduction) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	

### ADDRESS AND CONTACT DETAILS

<b>*PERMANENT HOME ADDRESS</b> 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 : _____ Cell Phone : _____
<b>*PRESENT HOME ADDRESS</b> Unit/Room No., Floor    Building Name    Lot No., Block No., Phase No.    House No.    Street Name	Email Address : _____ Viber : _____ Facebook Messenger : _____ WhatsApp : _____ Telegram : _____ WeChat : _____
Subdivision    Barangay    Municipality/City    Province/State/Country (if abroad)    ZIP Code	
<b>*PREFERRED MAILING ADDRESS</b> <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	