



# MEMBER'S DATA FORM (MDF)

REGISTRATION TRACKING NUMBER  
 1812 4336 6943  
 9191 1661 8079

### INSTRUCTIONS

- Accompany this form with PRC card only. If registration is 0% online, the form should be printed back to back on one single sheet of paper.
- Registration at office in BLOCK or CAPITAL LETTERS.
- All fields marked with asterisk (\*) are mandatory.
- On the "OCCUPATIONAL STATUS" portion, if without employment or success in employment or have been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
- The "NAME EXTENSION" shall refer to JR., S, III and the like.
- Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
- On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
- On the "MEMBER" portion, the profession on the Law or Subversion, as provided in the New Old Code of the Philippines, as amended by the New Family Code, shall be indicated.
- For any subsequent change of information, please secure and accompany Member's Change of Information Form (MCF, HQP-PFF-045) and submit to any Pag-IBIG Branch nearest you.

OCCUPATIONAL STATUS:  EMPLOYED  UNEMPLOYED/NOT YET EMPLOYED

MEMBERSHIP CATEGORY

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

### PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. J., S.)	MIDDLE NAME	NO MIDDLE NAME (check if applicable)
MEMBER	Montemilla	Charlene Joy		Sagunay	<input type="checkbox"/>
FATHER	Montemilla	Chanto		Mordije	<input type="checkbox"/>
MOTHER (Mother Name)	Sagunay	Mary Ann		De Comps	<input type="checkbox"/>
SPOUSE (if married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	Charlene Joy S. Montemilla				<input type="checkbox"/>

DATE OF BIRTH 05 16 1980	MARITAL 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 (Please indicate country if born outside the Philippines) Marikina, Rizal, Philippines	CITIZENSHIP Filipino	SSS/GSIS NUMBER
SEX <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	PROMINENT DISTINGUISHING FACIAL FEATURES (e.g. Mole, Scar, 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 AFFILIATE (Employee, Self-Employed, etc.)
		FOR DEBIT PROGRAM, DESIGN CODE (Water, Gas, etc.)

### ADDRESS AND CONTACT DETAILS

THE CURRENT HOME ADDRESS Lot No., Block No., Building Name, Subdiv. Name, Street Name, Telephone No., City, Province, State/Country of address, ZIP Code 4 Batocan Talascom Agusan del Sur 251 East Cavendish Mindoro City Cebu 6019	Indicate country code if abroad COUNTRY + AREA CODE TELEPHONE NUMBER Home Cell Phone Business (Direct Line) Business (Toll Free)
THE PREVIOUS HOME ADDRESS Lot No., Block No., Building Name, Subdiv. Name, Street Name, Telephone No., City, Province, State/Country of address, ZIP Code 251 East Cavendish Mindoro City Cebu	Business (Toll Free)

