HQP-PFF-039
(V07, 10/2017)

MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER: 1212 7965 3909

REGISTRATION TRACKING NUMBER: 921048018176

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	
☐ EMPLOYED PRIVATE	☐ SELF-EMPLOYED (SE)	☐ EMPLOYED FOREIGN GOVERNMENT	☐ MEMBER OF COOPERATIVE/ TRADE UNION
☐ EMPLOYED GOVERNMENT	☐ PROFESSIONAL/BUSINESS OWNER	☐ BARANGAY OFFICIAL/EMPLOYEE	☐ OVERSEAS FILIPINO IMMIGRANT
☐ OVERSEAS FILIPINO WORKER (OFW)	☐ JOB ORDER PERSONNEL	☐ NON-WORKING SPOUSE	☐ OTHERS, *Please specify*
	☐ OTHER EARNING GROUPS (OEGs)	☐ MEMBER OF RELIGIOUS GROUP	
		☐ 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**	MALLORCA	MARIA PAULA		SOCO	☐
FATHER	MALLORCA	SOCRATES		MAINIT	☐
***MOTHER** *(Maiden Name)*	SOCO	JOANNA		MEGALLOS	☐
***SPOUSE** *(If Married)*					☐
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	MALLORCA	MARIA PAULA		SOCO	☐

***DATE OF BIRTH** 08 17 1998 (mm dd yyyy)

***MARITAL STATUS** ☒ Single/Unmarried ☐ Widow/er ☐ Annulled ☐ Married ☐ Legally Separated

TAXPAYER IDENTIFICATION NUMBER (TIN)

SSS/GSIS NUMBER 34967311100

***PLACE OF BIRTH** *(City/Municipality/Province/Country)* *(Please indicate country if born outside the Philippines)*: CEBU CITY, CEBU

***CITIZENSHIP**: FILIPINO

EMPLOYEE NUMBER

***SEX** ☐ Male ☒ Female

HEIGHT: 153 (cm)

WEIGHT: 52 (kg)

PROMINENT DISTINGUISHING FACIAL FEATURES *(Ex. Moles, Scars, etc.)*

For AFP/PNP Employee, Serial/Badge No.

COMMON REFERENCE NUMBER (CRN) *(If Available)*

FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT *(If payment of MS is not thru payroll deduction)* ☐ Monthly ☐ Semi-Annually ☐ Quarterly ☐ Annually

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	Subdivision	Barangay	Municipality/City	Province/State/Country *(if abroad)*	ZIP Code
				ALVIOLA STREET		TEJERO	CEBU CITY	CEBU	6000

***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
				CABAHUG STREET		OPAO	MANDAUE CITY	CEBU	6014

***PREFERRED MAILING ADDRESS** ☒ Present Home Address ☐ Permanent Home Address ☐ Employer/Business Address

(Indicate country code if abroad)

	COUNTRY + AREA CODE	TELEPHONE NUMBER
Home		
Cell Phone	0933	3863697
Business (Direct Line)		
Business (Trunkline)		Local
Email Address	mpsmallorca1998@gmail.com	

ORIGINAL SEEN BY PAG-IBIG BRANCH

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.