

FOR Pag-IBIG Fund USE ONLY

MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER
1212 7751 8261
 REGISTRATION TRACKING NUMBER
921008515423



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 present 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 Family 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 (MOP, HQP-PFF-043) and submit to any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS EMPLOYED UNEMPLOYED/NOT YET EMPLOYED

*MEMBERSHIP CATEGORY

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

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. JR, II)	MIDDLE NAME	NO MIDDLE NAME <small>(check if applicable entry)</small>
*MEMBER	CLEMEN	CARL ANTHONY		ATELO	<input type="checkbox"/>
FATHER	CLEMEN	CESAR		QUACHON	<input type="checkbox"/>
*MOTHER (Maiden Name)	ATELLO	LIGAYA		GO	<input type="checkbox"/>
*SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	CLEMEN	CARL ANTHONY		ATELO	<input type="checkbox"/>

*DATE OF BIRTH 1 0 0 3 1 9 9 9	*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) 7 0 9 1 7 2 2 2 1
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) CEBU CITY, CEBU	*CITIZENSHIP FILIPINO	SSS/IDSS NUMBER 3 4 9 9 7 6 0 3 7 6
*SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female HEIGHT (cm) _____ WEIGHT (kg) _____	PROMINENT DISTINGUISHING FACIAL FEATURES (E.g. Moles, Scars, etc.)	EMPLOYEE NUMBER For AFFRSP Employee: Senior/Junior No. For Deposit Employee: Division Code-Station Code
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	

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No. / Floor Building Name Lot No. / Block No. Phase No. House No. Street Name SEGUNDA	Indicate country code if abroad COUNTRY + AREA CODE TELEPHONE NUMBER
Subdivision LIVISA Barangay CALAWISAN Municipality/City LAPU-LAPU CITY (IOPON) Province/State/Country (if abroad) CEBU ZIP Code 6015	Name Cell Phone 0917 2520877
*PRESENT HOME ADDRESS Unit/Room No. / Floor Building Name Lot No. / Block No. Phase No. House No. Street Name SEGUNDA	Business (Direct Line) Business (Home Line) Local Email Address calawisan141@gmail.com
Subdivision LIVISA Barangay CALAWISAN Municipality/City LAPU-LAPU CITY (IOPON) Province/State/Country (if abroad) CEBU ZIP Code 6015	
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address	

THIS FORM MAY BE REPRODUCED, NOT FOR SALE

