



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER
1 2 2 9 1 0 9 3 8 3 2

REGISTRATION TRACKING NUMBER
921335635745

- 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"/> 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"/> 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"/> 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	GODINEZ	MARY DIVINE ROSE		LIBRE	<input type="checkbox"/>
FATHER	GODINEZ	ROLANDO		BOOC	<input type="checkbox"/>
*MOTHER (Maiden Name)	LIBRE	MARITES		FUENTES	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	GODINEZ	MARY DIVINE ROSE		LIBRE	<input type="checkbox"/>

*DATE OF BIRTH 1 0 2 7 2 0 0 1 <small>m m d d y y y y</small>	*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) _____ SSS/GSIS NUMBER _____ EMPLOYEE NUMBER _____ <small>For AFP/FPN Employee, Serial/Badge No.</small> _____ <small>For DepEd Employee, Division Code-Station Code</small> _____
*PLACE OF BIRTH (City/Municipality/Province/Country) <small>(Please indicate country if born outside the Philippines)</small> LAPU-LAPU CITY (OPON), CEBU	*CITIZENSHIP <input checked="" type="checkbox"/> FILIPINO	PROMINENT DISTINGUISHING FACIAL FEATURES <small>(Ex. Moles, Scars, etc.)</small> _____
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT 162 (cm)	WEIGHT 47 (kg)
COMMON REFERENCE NUMBER (CRN) <small>(If Available)</small> _____	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <small>(If payment of MS is not thru payroll deduction)</small> <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 _____ _____ _____ _____ 3012 SANGI NEW ROAD	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home _____
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code _____ PAJO LAPU-LAPU CITY (OPON) CEBU 6015	Cell Phone 0916 _____ Business (Direct Line) _____
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name _____ _____ _____ _____ 3012 SANGI NEW ROAD	Business (Trunk Line) Local _____ _____ Email Address _____
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code _____ PAJO LAPU-LAPU CITY (OPON) CEBU 6015	
*PREFERRED MAILING ADDRESS <input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	