



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY			
Pag-IBIG MID NUMBER			
9190	4931	6414	
REGISTRATION TRACKING NUMBER			

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 <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED	
*MEMBERSHIP CATEGORY	
MANDATORY	VOLUNTARY
<input 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, <i>Please specify</i>
PERSONAL DETAILS	
NAME	LAST NAME FIRST NAME NAME EXTENSION (e.g. Jr., II) MIDDLE NAME NO MIDDLE NAME (check if applicable only)
*MEMBER	BOHOL, LOREMHE BATUCAN <input type="checkbox"/>
FATHER	BOHOL, ANANIAS BONGHANOY <input type="checkbox"/>
*MOTHER (Maiden Name)	BATUCAN, MELINDA PARATO <input type="checkbox"/>
*SPOUSE (If Married)	<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	<input type="checkbox"/>
*DATE OF BIRTH 06 23 2000	*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
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)	*CITIZENSHIP Filipino
*SEX <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT: 163 (cm) WEIGHT: 50 (kg)
PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)	TAXPAYER IDENTIFICATION NUMBER (TIN)
COMMON REFERENCE NUMBER (CRN) (If Available)	SSS/GSIS NUMBER
FREQUENCY OF MEMBERSHIP SAVINGS (MS) <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	EMPLOYEE NUMBER
PAYMENT (If payment of MS is not thru payroll deduction)	For AFP/INP Employee, Serial/Badge No.
	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 Barangay Municipality/City Province/State/Country (if abroad) ZIP Code	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home Cell Phone
Subdivision Kalunasan Cebu City Cebu	Business (Direct Line) Business (Trunk Line)
*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	Email Address
	<input type="checkbox"/> Local
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	