



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121344446074
REGISTRATION TRACKING NO.	924172419427

OCCUPATIONAL STATUS UNEMPLOYED/NOT YET EMPLOYED					
MEMBERSHIP CATEGORY Please specify					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	OFIANGA	LOVE GRACE		GIGANTO	<input type="checkbox"/>
FATHER	OFIANGA	EDGARDO			<input checked="" type="checkbox"/>
MOTHER (Maiden Name)	GIGANTO	JACQUILENE		TIDOSO	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	OFIANGA	LOVE GRACE		GIGANTO	<input type="checkbox"/>
DATE OF BIRTH 01/17/2002		MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)	
PLACE OF BIRTH BANTAYAN, CEBU			CITIZENSHIP FILIPINO		SSS NUMBER GSIS NUMBER
SEX FEMALE	HEIGHT(cm) 0.00	WEIGHT(kg) 0.00	PROMINENT DISTINGUISHING FACIAL FEATURES		
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT			EMPLOYEE NUMBER <i>For AFP/PNP Employee , Serial/Badge No.</i> <i>For DepEd Employee , Division Code-Station Code</i>

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS					COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Room No., Floor		Building Name			Home
Lot No.,	Block No.,	Phase No.	House No.	Street Name	Cell Phone +63 (0995) 0375544
Subdivision		Barangay KABAC			Business (Direct Line)
Municipality/City BANTAYAN		Province/State/Country CEBU, PHILIPPINES			Business (Trunk Line)
ZIP Code 6052					Email Address
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot No.,	Block No.,
				Phase No.	
House No.		Street Name		Subdivision	
				Barangay KABAC	
Municipality/City BANTAYAN		Province/State/Country CEBU, PHILIPPINES			ZIP Code 6052
PREFERRED MAILING ADDRESS			PERMANENT HOME ADDRESS		

PRESENT EMPLOYMENT DETAILS					
OCCUPATION			EMPLOYMENT STATUS	TYPE OF WORK	
EMPLOYER/BUSINESS NAME			COUNTRY OF ASSIGNMENT		
EMPLOYER/BUSINESS ADDRESS			MONTHLY INCOME		
Unit/Room No., Floor		Building Name		Basic 0.00	
Lot No.,	Block No.,	Phase No.	House No.	Street Name	Allowances/Others 0.00
			Total Mo. Income 0.00		
Subdivision		Barangay		OFFICE ASSIGNMENT	
Municipality/City		Province			
State/Country(if abroad)			ZIP Code		DATE EMPLOYED

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP		
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT
EMPLOYER/BUSINESS ADDRESS		FROM TO

HEIRS						
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH
[]						

CERTIFICATION	
<p>I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).</p>	
<p>_____ SIGNATURE OF INFORMANT</p>	<p>_____ DATE</p>
FOR Pag-IBIG FUND USE ONLY	
<p>RECEIVED BY</p> <p>_____ Signature over Printed Name</p> <p>_____ Designation/Position</p> <p>_____ Branch/Unit</p>	<p>DATE</p>

DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.