



MEMBER'S DATA FORM (MDF)

PFF-Reg-003 Form 129E (Rev. 2)

REGISTRATION TRACKING NUMBER

1 2 3 4 5 6 7 8 9 0

420250023146

INSTRUCTIONS

1. Accomplish this form in one (1) copy only. If registration is this 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 in job-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
5. The "NAME EXTENSION" shall refer to JR., S, II 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 "MEMBER" portion, the provisions 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 (MCF) (HQP-PFF-040) 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 (OEG)	<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	
		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. J., S.)	MIDDLE NAME	NO MIDDLE NAME (check "Permanent" only)
MEMBER	INSO	JOSEPH		LARGO	<input type="checkbox"/>
FATHER	INSO	SATURNINO		ESOT	<input type="checkbox"/>
MOTHER (Mother Name)	LARGO	MARIA ELISA		FANTIGAN	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	INSO	JOSEPH		LARGO	<input type="checkbox"/>

DATE OF BIRTH 8 4 2 2 2 0 0 2	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 (TRN)
PLACE OF BIRTH (City/Municipality/Province/County) (Please indicate country if born outside the Philippines) LAPU-LAPU CITY (IPOIG), CEBU	CITIZENSHIP FILIPINO	SSS/OSIS NUMBER
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female HEIGHT (cm) WEIGHT (kg)	PROMINENT Distinguishing FACIAL FEATURES (E.g. Alopecia, Scar, etc.)	EMPLOYEE NUMBER
COMMON REFERENCE NUMBER (CRM) (if Available)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (if payment of MS is not this payroll deduction) <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	For AFP/AFIP Employee, Serial/Badge No.
		For Dept. of Employee, Division Code-Station Code

ADDRESS AND CONTACT DETAILS

PERMANENT HOME ADDRESS Unit/Floor No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name PUNIK BAYABAS	Indicate country code if abroad COUNTRY + AREA CODE TELEPHONE NUMBER Home
Subdivision Barangay CAGULAD Municipality/City LAPU-LAPU CITY (IPOIG) Province/State/Country (if abroad) CEBU ZIP Code 6015	Cell Phone 0995 8817309
PRESENT HOME ADDRESS Unit/Floor No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name PUNIK BAYABAS	Business (Direct Line) Local
Subdivision Barangay CAGULAD Municipality/City LAPU-LAPU CITY (IPOIG) Province/State/Country (if abroad) CEBU ZIP Code 6015	Business (Toll-Free Line) Local
PREFERRED MAILING ADDRESS <input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	Email Address jofethak@gmail.com