



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
1	2	1	2	8	6	4	3	5	6	5	4
REGISTRATION TRACKING NUMBER											
921216977135											

INSTRUCTIONS

1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on a 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 not employed or purpose is pre-employment, 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, under the New Civil 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
 CHECK THIS BOX IF FIRST TIME JOB SEEKER

*MEMBERSHIP CATEGORY

MANDATORY		VOLUNTARY	
<input type="checkbox"/> EMPLOYED (PRIVATE)	<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> EMPLOYED (FOREIGN GOVERNMENT)	<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION
<input type="checkbox"/> EMPLOYED (GOVERNMENT)	<input type="checkbox"/> PROFESSIONAL/BUSSINESS OWNER	<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT
<input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD	<input type="checkbox"/> JOB ORDER PERSONNEL	<input type="checkbox"/> NON-WORKING SPOUSE	<input type="checkbox"/> OTHERS, Please specify
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> OTHER EARNING GROUP (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 (check if applicable only)
*MEMBER	SACAMAY	DINA		NMN	<input checked="" type="checkbox"/>
FATHER	GABISAY	SAMUEL		ABOT	<input type="checkbox"/>
*MOTHER (Maiden Name)	SACAMAY	RICHEL		BACULI	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	SACAMAY	DINA		MNM	<input checked="" type="checkbox"/>

*DATE OF BIRTH 0 8 1 4 2 0 0 0 <small>m m d d y y y y</small>		*MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/e <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		TAXPAYER IDENTIFICATION NUMBER (TIN) []	
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) CEBU CITY, CEBU		*CITIZENSHIP FILIPINO		SSS/GSIS NUMBER []	
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT 158 (cm)	WEIGHT 60 (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)		
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		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 Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name					(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home []	
Subdivision		Barangay	Municipality/City	Province/State/Country (if abroad)		
BABAG		CEBU CITY	CEBU		6000	Cell Phone 0909 0255408
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name					Business (Direct Line) []	
Subdivision		Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Business (Trunk Line) Local
BABAG		CEBU CITY	CEBU		6000	[] []
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					Email Address dinasacamay475@gmail.com	