



# 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
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, <i>Please specify</i>
<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 <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
<b>*MEMBER</b>	SACAMAY	DINA		NMN	<input checked="" type="checkbox"/>
<b>FATHER</b>	GABISAY	SAMUEL		ABOT	<input type="checkbox"/>
<b>*MOTHER</b> <i>(Maiden Name)</i>	SACAMAY	RICHEL		BACULI	<input type="checkbox"/>
<b>*SPOUSE</b> <i>(If Married)</i>					<input type="checkbox"/>
<b>MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE</b>	SACAMAY	DINA		MNM	<input checked="" type="checkbox"/>

<b>*DATE OF BIRTH</b> <table border="1"> <tr> <td>0</td><td>8</td><td>1</td><td>4</td><td>2</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td><i>m</i></td><td><i>m</i></td><td><i>d</i></td><td><i>d</i></td><td><i>y</i></td><td><i>y</i></td><td><i>y</i></td><td><i>y</i></td> </tr> </table>		0	8	1	4	2	0	0	0	<i>m</i>	<i>m</i>	<i>d</i>	<i>d</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>	<b>*MARITAL STATUS</b> <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		<b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
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<b>*PLACE OF BIRTH</b> <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i> CEBU CITY, CEBU		<b>*CITIZENSHIP</b> FILIPINO		<b>SSS/GSIS NUMBER</b> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																											
<b>*SEX</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<b>HEIGHT</b> 158 (cm)	<b>WEIGHT</b> 60 (kg)	<b>PROMINENT DISTINGUISHING FACIAL FEATURES</b> <i>(Ex. Moles, Scars, etc.)</i>		<b>EMPLOYEE NUMBER</b> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																										
<b>COMMON REFERENCE NUMBER (CRN)</b> <i>(If Available)</i> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												<b>FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT</b> <i>(If payment of MS is not thru payroll deduction)</i> <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		<b>For AFP/PNP Employee, Serial/Badge No.</b> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																	
				<b>For DepEd Employee, Division Code-Station Code</b> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																											

### ADDRESS AND CONTACT DETAILS

<b>*PERMANENT HOME ADDRESS</b> Unit/Room No., Floor   Building Name   Lot No., Block No., Phase No.   House No   Street Name					<i>(Indicate country code if abroad)</i> COUNTRY + AREA CODE   TELEPHONE NUMBER Home				
Subdivision		Barangay		Municipality/City		Province/State/Country <i>(if abroad)</i>		ZIP Code	
		BABAG		CEBU CITY		CEBU		6000	
<b>*PRESENT HOME ADDRESS</b> Unit/Room No., Floor   Building Name   Lot No., Block No., Phase No.   House No   Street Name					Cell Phone				
Subdivision		Barangay		Municipality/City		Province/State/Country <i>(if abroad)</i>		ZIP Code	
		BABAG		CEBU CITY		CEBU		6000	
<b>*PREFERRED MAILING ADDRESS</b> <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					Business (Direct Line) Business (Trunk Line)   Local Email Address dinasacamay475@gmail.com				

**PRESENT EMPLOYMENT DETAILS** (If with more than one (1) employer, use separate sheet and follow format below)

*OCCUPATION	EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/ <input type="checkbox"/> Casual <input type="checkbox"/> Project-based    Temporary	TYPE OF WORK (For OFW only) (Pls. specify country of assignment) <input type="checkbox"/> Land-based _____ <input type="checkbox"/> Sea-based _____
*EMPLOYER/BUSINESS NAME		MONTHLY INCOME Basic _____ + _____ Allowances/Others _____ = _____ <b>Total Mo. Income</b> _____
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor                      Building Name                      Lot No., Block No., Phase No. House No.		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
Street Name	Subdivision	Barangay
Municipality/City	Province	State/Country (If abroad)    ZIP Code
		DATE EMPLOYED (Month, Year)

**PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP** (Use another sheet if necessary)

EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____																												
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**HEIRS** (In case of death, Fund benefits shall be divided among the member's heirs in accordance with the Rules of Succession under the New Civil Code, as amended) (Use another sheet if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH																
SACAMAY	RICHEL		BACULI	<input type="checkbox"/>	MOTHER	<table border="1"> <tr><td>0</td><td>8</td><td>2</td><td>5</td><td>1</td><td>9</td><td>7</td><td>6</td></tr> <tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>	0	8	2	5	1	9	7	6	m	m	d	d	y	y	y	y
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**CERTIFICATION**

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).

\_\_\_\_\_  
SIGNATURE OF INFORMANT

\_\_\_\_\_  
DATE

**FOR Pag-IBIG FUND USE ONLY**

RECEIVED BY	DATE
_____ Signature over Printed Name                      Designation/Position                      Branch/Unit	

**DISCLAIMER**

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