

# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER  
1 2 1 2 4 3 7 4 8 9 8 6

REGISTRATION TRACKING NUMBER  
919045112427

### 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  EMPLOYED  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, Please specify

### PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION <small>(e.g. Jr., II)</small>	MIDDLE NAME	NO MIDDLE NAME <small>(check if applicable only)</small>
*MEMBER	LASTIMOSA	JADIEL		GONZALES	<input type="checkbox"/>
FATHER	LASTIMOSA	PAUL		LABAJO	<input type="checkbox"/>
*MOTHER (Maiden Name)	LASTIMOSA	CLEOPATRA		GONZALES	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	LASTIMOSA	JADIEL		GONZALES	<input type="checkbox"/>

*DATE OF BIRTH 0 6 0 7 1 9 9 7 <small>m m d d y y y y</small>	*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 (TIN) 7 2 7 5 9 4 2 4 3
*PLACE OF BIRTH (City/Municipality/Province/Country) <small>(Please indicate country if born outside the Philippines)</small> CEBU CITY, CEBU	*CITIZENSHIP FILIPINO	SSS/GSIS NUMBER [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
*SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT 167.64 (cm)	WEIGHT 63 (kg)
PROMINENT DISTINGUISHING FACIAL FEATURES <small>(Ex. Moles, Scars, etc.)</small>	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <small>(If payment of MS is not thru payroll deduction)</small> <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	EMPLOYEE NUMBER [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
COMMON REFERENCE NUMBER (CRN) <small>(If Available)</small>		For AFP/PNP Employee, Serial/Badge No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
		For DepEd Employee, Division Code-Station Code [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

### ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor NA	Building Name NA	Lot No., Block No., Phase No. NA NA NA	House No. NA	Street Name SCHOOL SITE	COUNTRY + AREA CODE	TELEPHONE NUMBER
Subdivision NA	Barangay LANGTAD	Municipality/City NAGA	Province/State/Country (if abroad) CEBU	ZIP Code 6037	Home	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
*PRESENT HOME ADDRESS Unit/Room No., Floor NA	Building Name NA	Lot No., Block No., Phase No. NA NA NA	House No. NA	Street Name SCHOOL SITE	Cell Phone	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Subdivision NA	Barangay LANGTAD	Municipality/City NAGA	Province/State/Country (if abroad) CEBU	ZIP Code 6037	Business (Direct Line)	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					Business (Trunk Line)	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
					Local	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
					Email Address	eurikajadiele@gmail.com