

I hereby certify that I attended the birth of the child who was born alive at _____ o'clock on the date stated above.

DR. MARIMINA RUANDO Address VSMC CEBU CITY
 Print Mad Officer III Date 16 March 1999
 Informant HEIDE IGOT Address 1000 LAPULAPU CITY
 Print HEIDE IGOT Date 16 March 1999
 Relationship to the child Mother
 Prepared by FREDERICK NAVALES Signature LOVELLA N. DEJITO
 Print Musee Name in Print REGISTRATION OFFICER II
 Position 16 March 1999 Date APR 08 1999



CITIZEN SHALL BE

CERTIFIED TRUE COPY
 JASON T. BONGCALES
 REGISTRATION OFFICER II



MEMBER'S DATA FORM (MDF)

HOP-PFF-039 (V10. 04/2003)

FOR Pag-IBIG Fund USE ONLY

REG. NO. 9231 8488 8304

REGISTRATION TRACKING NO. 110-12122774381

- 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. Submit photocopy of at least one (1) valid ID acceptable to the Fund.
 3. Type or print all entries in BLOCK or CAPITAL LETTERS.
 4. All fields marked with asterisk (*) are mandatory.
 5. On the "OCCUPATIONAL STATUS" portion, if not employed or purpose is pre-employment, select "UNEMPLOYED/NOT YET EMPLOYED". For first time jobseekers, select also the "CHECK THIS BOX IF FIRST TIME JOBSSEKERS".
 6. The "NAME EXTENSION" shall refer to JR, II, III and the like.
 7. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
 8. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
 9. On the "HEIRS" portion, the provision on the Laws on Succession, under the New Civil Code, shall be observed.
 10. For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCI-F, HOP-PFF-043) and submit to any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS EMPLOYED UNEMPLOYED/NOT YET EMPLOYED
 CHECK THIS BOX IF FIRST TIME JOBSSEKERS

*MEMBERSHIP CATEGORY

MANDATORY <input type="checkbox"/> EMPLOYED <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PRIVATE HOUSEHOLD <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER <input type="checkbox"/> JOB ORDER PERSONNEL <input type="checkbox"/> OTHER EARNING GROUP (OEG) Please specify: _____ <input type="checkbox"/> OTHERS. Please specify _____	VOLUNTARY <input type="checkbox"/> EMPLOYED <input type="checkbox"/> EMPLOYEE OF FOREIGN GOVERNMENT <input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> OTHERS. Please specify _____	<input type="checkbox"/> INDIVIDUAL PAYOR <input type="checkbox"/> MEMBER OF COOPERATIVE <input type="checkbox"/> MEMBER OF TRADE UNION <input type="checkbox"/> NON-EARNING SPOUSE <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP <input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT <input type="checkbox"/> PENSIONER/INVESTOR/LESSOR
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PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	JALEM	HAZEL		IGOT	<input type="checkbox"/>
FATHER	JALEM	JOHN		MURALLON	<input type="checkbox"/>
*MOTHER (Maiden Name)	IGOT	HEIDI		TALINGTING	<input type="checkbox"/>
*SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH 03 16 1999	*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) [] [] [] [] [] [] [] [] [] []
*PLACE OF BIRTH (City/Municipality/Province/County) (Please indicate country if born outside the Philippines) CEBU CITY	*CITIZENSHIP FILIPINO	SSS/IGSIS NUMBER 0644308537
*SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT 159 (cm)	WEIGHT 45 (kg)
COMMON REFERENCE NUMBER (CRN) (if Available)	PROMINENT DISTINGUISHING FACIAL FEATURES (E.g. Moles, Scars, etc.)	EMPLOYEE NUMBER [] [] [] [] [] [] [] [] [] []
	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (if payment of MS is not thru payroll deduction) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	For AFP/PAP Employees: Serial/Badge No. [] [] [] [] [] [] [] [] [] []
		For DepEd Employee: Division Code-Station Code [] [] [] [] [] [] [] [] [] []

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor, Building Name, Lot No., Block No., Phase No., House No., Street Name 405 DANIELAND AVENUE, BARANGAY 40-02, LAPU-LAPU CITY, CEBU	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home [] [] [] [] [] [] [] [] [] []
*PRESENT HOME ADDRESS Room No., Floor, Building Name, Lot No., Block No., Phase No., House No., Street Name 405 DANIELAND AVENUE, BARANGAY 40-02, LAPU-LAPU CITY, CEBU	*Cell Phone [] [] [] [] [] [] [] [] [] []
*PREFERRED MAILING ADDRESS Permanent Home Address <input type="checkbox"/> Employer/Business Address <input type="checkbox"/>	Business (Direct Line) [] [] [] [] [] [] [] [] [] [] Business (Toll Free) [] [] [] [] [] [] [] [] [] [] Local [] [] [] [] [] [] [] [] [] [] Email Address [] [] [] [] [] [] [] [] [] []

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.