



MEMBER'S DATA FORM (MDF)

Pag-IBIG Fund Use Only

Pag-IBIG MID NUMBER
1211 3862 1897

REGISTRATION TRACKING NUMBER
9150 5697 9895

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"/> 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 (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 <input checked="" type="checkbox"/>	COMINGUEZ	RUSSELL		MORDIGO	<input type="checkbox"/>
FATHER	COMINGUEZ	ROSENDO			<input checked="" type="checkbox"/>
*MOTHER (Maiden Name) <input checked="" type="checkbox"/>	MORDIGO	CYNTHIA			<input checked="" type="checkbox"/>
*SPOUSE (If Married) <input checked="" type="checkbox"/>					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH 10 07 1993	*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/Country) (Please indicate country if born outside the Philippines) CADARUHAN BORON CEBU	*CITIZENSHIP FILIPINO	SSS/IGSIS NUMBER
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT X (cm)	WEIGHT X (kg)
PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)	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
COMMON REFERENCE NUMBER (CRN) (If Available)		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 Building Name Lot No., Block No., Phase No. House No. Street Name CADARUHAN, BORON, CEBU 6009	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code	Cell Phone
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name BUKID-BUKID MAHAYAHAY BANGKAL LAPU-LAPU CITY CEBU	<input checked="" type="checkbox"/> 0975-971-8944
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code	Business (Direct Line)
	Business (Trunk Line) Local
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	Email Address

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.