



MEMBER'S DATA FORM

CERTIFIED (MDF)

Pag-IBIG MID NUMBER

7	2	1	1	0	5	9	7	9	3	9	6
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 REGISTRATION TRACKING NUMBER
 016068146625

- 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 (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 (MCOIF, HOP-PFF-043) and submit to any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS EMPLOYED UNEMPLOYED/NOT YET EMPLOYED

MANDATORY

EMPLOYED PRIVATE SELF-EMPLOYED (SE)
 EMPLOYED GOVERNMENT PROFESSIONAL/BUSINESS OWNER
 OVERSEAS FILIPINO WORKER (OFW) JOB ORDER PERSONNEL
 OTHER EARNING GROUPS (OEGs)

VOLUNTARY

EMPLOYED FOREIGN GOVERNMENT MEMBER OF COOPERATIVE/TRADE UNION
 BARANGAY OFFICIAL/EMPLOYEE
 NON-WORKING SPOUSE OVERSEAS FILIPINO IMMIGRANT
 MEMBER OF RELIGIOUS GROUP OTHERS (Please specify)
 PENSIONER/INVESTOR/LESSOR

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (JR., II, III)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	Beronio	Vince			<input type="checkbox"/>
FATHER	Sison	Samson		Paul	<input type="checkbox"/>
*MOTHER (Maiden Name)	Beronio	Alma		Priscilla	<input type="checkbox"/>
*SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	Beronio	Vince			<input type="checkbox"/>

*DATE OF BIRTH <table border="1"> <tr> <td>1</td><td>2</td><td>1</td><td>3</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>h</td><td>h</td><td>h</td><td>h</td><td>h</td><td>h</td> </tr> </table>	1	2	1	3	1	1	1	1	1	1	m	m	d	d	h	h	h	h	h	h	*MARRITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulor <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	TAXPAYER IDENTIFICATION NUMBER (TIN) <table border="1"> <tr> <td>3</td><td>0</td><td>1</td><td>6</td><td>0</td><td>1</td><td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>	3	0	1	6	0	1	2	0	0	0	0	0
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m	m	d	d	h	h	h	h	h	h																									
3	0	1	6	0	1	2	0	0	0	0	0																							
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) Cebu City	*CITIZENSHIP Filipino	SSS NUMBER <table border="1"> <tr> <td>1</td><td>0</td><td>0</td><td>7</td><td>7</td><td>1</td><td>1</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td> </tr> </table>	1	0	0	7	7	1	1	0	1	0	0	0																				
1	0	0	7	7	1	1	0	1	0	0	0																							
*SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female HEIGHT: 156 (cm) WEIGHT: 80 (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Mole, Scar, etc.)	EMPLOYEE NUMBER <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																																
COMMON REFERENCE NUMBER (CRN) (If Available) <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>													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	For AFP/NDP Employees, Serial/Badge No. <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																				
		For Dep'd Employee, Division Code/Station Code <table border="1"> <tr> <td> </td><td> </td><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

*PERMANENT HOME ADDRESS Unit/Room No., Floor, Building Name, Lot No., Block No., Phase No., House No., Street Name Subdivision, Barangay, Municipality/City, Province/State/Country (if abroad), ZIP Code Prasa San Roque, Cebu City	(Indicate country code if abroad) COUNTRY - AREA CODE TELEPHONE NUMBER Home Cell/Phone Business (Direct Line) Business (Toll-Free/Long) Local Email Address prasa@prasa.com.ph
*PRESENT HOME ADDRESS Unit/Room No., Floor, Building Name, Lot No., Block No., Phase No., House No., Street Name Subdivision, Barangay, Municipality/City, Province/State/Country (if abroad), ZIP Code Prasa San Roque, Cebu City	
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employment/Business Address	