



MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER
1211 3300 5604
 REGISTRATION TRACKING NUMBER

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 (MCI, HQP-PFF-049) and submit to any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS EMPLOYED UNEMPLOYED/NOT YET EMPLOYED

MEMBERSHIP CATEGORY

MANDATORY		VOLUNTARY	
<input checked="" 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	TECSON	MARK	DEMONSON	LIBATON	<input type="checkbox"/>
FATHER	TECSON	DEMOND		LESPINAS	<input type="checkbox"/>
*MOTHER (Maiden Name)	TECSON	ELVIE		LIBATON	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH <input type="text" value="11"/> <input type="text" value="02"/> <input type="text" value="19"/> <input type="text" value="87"/> <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) <input type="text" value="321"/> <input type="text" value="545"/> <input type="text" value="703"/>
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) ILAGAN CITY	*CITIZENSHIP FILIPINO	SSS/GSIS NUMBER <input type="text" value="0023802751"/>
*SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT _____ (cm)	WEIGHT _____ (kg)
COMMON REFERENCE NUMBER (CRN) (If Available)	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)	EMPLOYEE NUMBER _____ <small>For AFP/PNP Employees, Serial/Badge No.</small>
	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	_____ <small>For DepEd Employee, Division Code-Station Code</small>

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 FUENTES MARIA CRISTINA ILAGAN CITY ILAGAN DEL NORTE 9200	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home <input type="text"/> <input type="text"/>
*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 SITIO CAJONAH PIT-05 ORON CITY ORON 6000	Cell Phone <input type="text"/> <input type="text"/>
*PREFERRED MAILING ADDRESS <input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	Business (Direct Line) <input type="text"/> <input type="text"/>
	Business (Trunk Line) Local <input type="text"/> <input type="text"/> <input type="text"/>
	Email Address <input type="text"/>