



MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER

2	1	2	3	4	4	9	8	0	5	5
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 REGISTRATION TRACKING NUMBER
 918253572651

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

- 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 OVERSEAS FILIPINO IMMIGRANT
 NON-WORKING SPOUSE OTHERS, Please specify
 MEMBER OF RELIGIOUS GROUP
 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	VIDAL	BENNIE		RIVERA	<input type="checkbox"/>
FATHER	VIDAL	BENITO		DESCARTIN	<input type="checkbox"/>
*MOTHER (Maiden Name)	RIVERA	PRIMITIVA		MISIA	<input type="checkbox"/>
*SPOUSE (If Married)	LUMANTAS	REGINA		SUGALAM	<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	VIDAL	BENIE		RIVERA	<input type="checkbox"/>

*DATE OF BIRTH <table border="1"> <tr> <td>0</td><td>1</td><td>0</td><td>3</td><td>1</td><td>9</td><td>8</td><td>0</td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>		0	1	0	3	1	9	8	0	m	m	d	d	y	y	y	y	*MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	TAXPAYER IDENTIFICATION NUMBER (TIN) <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>															
0	1	0	3	1	9	8	0																											
m	m	d	d	y	y	y	y																											
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) CEBU CITY, CEBU		*CITIZENSHIP FILIPINO	SSS/GSIS 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> </tr> </table>																															
*SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT 178 (cm)	WEIGHT 58 (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, 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> </tr> </table> For AFP/PNP Employee, 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> </tr> </table> For DepEd 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> </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> </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																						

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name					(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>											
Subdivision Barangay SITIO KANA-AS SINGSON Municipality/City CEBU CITY Province/State/Country (if abroad) CEBU ZIP Code 6000					Cell Phone <table border="1"> <tr> <td>0917</td><td>2067759</td> </tr> </table>		0917	2067759								
0917	2067759															
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name					Business (Direct Line) <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>											
Subdivision Barangay SITIO KANA-AS SINGSON Municipality/City CEBU CITY Province/State/Country (if abroad) CEBU ZIP Code 6000					Business (Trunk Line) Local <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>											
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					Email Address <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>											

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

HDMF - CEBU AYALA BRANCH

RECEIVED