



MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER											
1	2	1	1	3	3	6	5	3	9	1	3
REGISTRATION TRACKING NUMBER											

- INSTRUCTIONS**
- 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.
 - Type or print all entries in BLOCK or CAPITAL LETTERS.
 - All fields marked with asterisk (*) are mandatory.
 - On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
 - The "NAME EXTENSION" shall refer to JR., II, III and the like.
 - Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
 - On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
 - 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.
 - For any subsequent change of information, please secure and accomplish Members 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, <i>Please specify</i>
	<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 <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER	VILLARUEL	DARYLL JOHN		GABUCAY	<input type="checkbox"/>
FATHER	VILLARUEL	DAN		RULL	<input type="checkbox"/>
*MOTHER <i>(Maiden Name)</i>	GABUCAY	GEMMA		BARRETTA	<input type="checkbox"/>
*SPOUSE <i>(If Married)</i>					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH 0 2 0 4 1 9 9 2 <i>m m d d y y y y</i>		*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) 4 0 7 3 0 2 9 7 4	
*PLACE OF BIRTH <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i> MANDAUE CITY, CEBU, PHILIPPINES		*CITIZENSHIP FILIPINO		SSS/GSIS NUMBER 0 6 2 9 8 5 7 2 1 0	
*SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT 168 (cm)	WEIGHT 125 (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i> 0 1 1 1 5 7 4 9 7 5 1 0		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <i>(If payment of MS is not thru payroll deduction)</i> <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		EMPLOYEE NUMBER <i>For AFP/PNP Employee, Serial/Badge No.</i> <i>For DepEd Employee, Division Code-Station Code</i>	

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name PLARIDEL STREET					<i>(Indicate country code if abroad)</i> COUNTRY + AREA CODE TELEPHONE NUMBER	
Subdivision	Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code	Home	
PAKNAAN	MANDAUE	CEBU		6014	Cell Phone	
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name PLARIDEL STREET					Business (Direct Line)	
Subdivision	Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code	Business (Trunk Line) Local	
PAKNAAN	MANDAUE	CEBU		6014	Email Address	
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address						