



MEMBER'S DATA FORM (MDF)

FOR PAPER-BASED REGISTRATION ONLY											
Pag-IBIG MID NUMBER											
1	2	1	1	1	8	4	0	9	0	4	6
REGISTRATION TRACKING NUMBER											
914146063944											

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 which are 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 occupation based on the List of Occupation, as provided in the Philippine Standard Occupational Classification (PSOC).
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 the concerned Pag-IBIG Branch.

*OCCUPATIONAL STATUS		<input checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/ NOT YET EMPLOYED	
*MEMBERSHIP CATEGORY					
MANDATORY					
<input checked="" type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	
<input type="checkbox"/> SELF-EMPLOYED (SE)					
VOLUNTARY					
<input checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> INDIVIDUAL PAYOR (IP)		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	
<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT		<input type="checkbox"/> NON-WORKING SPOUSE		<input type="checkbox"/> OTHERS	
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION	
<i>Please specify</i>					
	LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. JR.)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER	TOLENTINO	ROY		MONCAQTAR	<input type="checkbox"/>
FATHER	TOLENTINO	ROBERTO		GONZALES	<input type="checkbox"/>
*MOTHER (Maiden Name)	MONCATAR	SONIA		GETONZO	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	TOLENTINO	ROY		MONCAQTAR	<input type="checkbox"/>
*DATE OF BIRTH	*MARRIAGE STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
0 5 1 0 1 9 8 9 <i>mm d d y y y</i>	<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/ <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Annulled		4 4 1 9 1 9 4 7 3		
*PLACE OF BIRTH (City/Municipality/Province/Country) <i>(Please indicate country if born outside the Philippines)</i>	*CITIZENSHIP		SSS/GSIS NUMBER		
CAUAYAN, NEGROS OCCIDENTAL	FILIPINO		0 7 2 7 6 5 8 5 8 6		
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		EMPLOYEE NUMBER
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	(cm)	(kg)			
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i>	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <i>(If payment of MS is not thru payroll deduction)</i>		For AFP/PNP Employee, Serial/Badge No.		
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually				
ADDRESS AND CONTACT DETAILS					
*PERMANENT HOME ADDRESS					<i>(Indicate country code if abroad)</i>
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	GATUSLAO
Barangay NAYAUAN	Municipality/City CAUAYAN	Province/State/Country (if abroad) NEGROS OCCIDENTAL		ZIP Code	6112
*PRESENT HOME ADDRESS					COUNTRY + AREA CODE
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision
Barangay SINGANG	Municipality/City BACOLOD CITY	Province/State/Country (if abroad) NEGROS OCCIDENTAL		ZIP Code	6100
*PREFERRED MAILING ADDRESS					TELEPHONE NUMBER
<input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					Home
					Cell Phone
					0909 2128540
					Business (Direct Line)
					Business (Trunk Line)
					Local
					Email Address
					litoltoto@yahoo.com