



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG FUND USE ONLY											
Pag-IBIG MID NUMBER											
1	2	1	1	4	3	7	9	5	2	5	4
REGISTRATION TRACKING NUMBER											

### INSTRUCTIONS

- Accomplish this form in two (2) copies. 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.
- 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.
- Accomplish only the "PRESENT HOME ADDRESS" if it is different from the "PERMANENT HOME ADDRESS".
- On the "CONTACT DETAILS" portion, indicate at least one (1) contact number.
- On the "OCCUPATION" portion, indicate occupation based on the provided List of Occupation.
- All fields which are marked with asterisk (\*) are mandatory.
- 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 two (2) copies of the Member's Change of Information Form (MCIF, [HQP-PFF 049]) and submit to the concerned Pag-IBIG Branch.

*MEMBERSHIP CATEGORY														
<b>MANDATORY</b> <input checked="" type="checkbox"/> EMPLOYED PRIVATE <input type="checkbox"/> EMPLOYED GOVERNMENT <input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD					<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW) <input type="checkbox"/> SELF-EMPLOYED (SE) <input type="checkbox"/> OTHER WORKING GROUP (OWG)					<b>VOLUNTARY</b> <input type="checkbox"/> EMPLOYED <input type="checkbox"/> INDIVIDUAL PAYOR (IP) <input type="checkbox"/> OTHER WORKING GROUP (OWG, if income is less than P1,000.00)				
	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)									
*MEMBER	PANGAN	SHERLYN		NAVALLO	<input type="checkbox"/>									
FATHER	PANGAN	REYNALDO		AYUDA	<input type="checkbox"/>									
*MOTHER (Maiden Name)	NAVALLO	ROSA	DIVINA	ARBOLEDA	<input type="checkbox"/>									
*SPOUSE (If Married)					<input type="checkbox"/>									
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	PANGAN	SHERLYN		NAVALLO	<input type="checkbox"/>									
*DATE OF BIRTH 0 8 2 9 1 9 9 4 m m d d y y y y			*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			TAXPAYERS IDENTIFICATION NUMBER (TIN) 3 2 2 7 5 3 8 0 4								
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) Ceu City			CITIZENSHIP Filipino			SSS/GSIS NUMBER 0 6 3 6 7 0 9 2 0 9								
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT 5'1 (m)	WEIGHT 152 (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)			EMPLOYEE NUMBER For AFP/PNP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code								
COMMON REFERENCE NUMBER (CRN) (If Available)			FREQUENCY OF MS PAYMENT (If payment of contribution is not thru payroll deduction) <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly											
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							(Indicate country code if abroad) COUNTRY - AREA CODE TELEPHONE NUMBER							
TUNGKIL MINGLANILL CEBU PHILIPPINES 6046							Home 4906993							
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							*Cell Phone 09568909148							
TUNGKIL MINGLANILL CEBU PHILIPPINES							Business (Direct Line)							
*PREFERRED MAILING ADDRESS <input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address							Business (Trunk Line) Local							
							*Email Address sherlyn_kim9@yahoo.com.ph							