



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Form USE ONLY

Pag-IBIG MID NUMBER  

1	2	1	1	4	7	5	1	5	8	1	9
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 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 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.

<b>*OCCUPATIONAL STATUS</b>		<input checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/ NOT YET EMPLOYED	
<b>*MEMBERSHIP CATEGORY</b>					
<b>MANDATORY</b>					
<input checked="" type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	
<input type="checkbox"/> SELF-EMPLOYED (SE)					
<b>VOLUNTARY</b>					
<input type="checkbox"/> EMPLOYED		<input type="checkbox"/> INDIVIDUAL PAYOR (IP)		<input type="checkbox"/> OTHERS <small>Please specify</small>	
<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT		<input type="checkbox"/> NON-WORKING SPOUSE		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION	
		<b>NAME EXTENSION</b> <small>(e.g. Jr., II)</small>		<b>MIDDLE NAME</b>	
				<b>NO MIDDLE NAME</b> <small>(check if applicable only)</small>	
<b>*MEMBER</b>	TEVES	TIMOTHY CARL		PADA	<input type="checkbox"/>
<b>FATHER</b>	TEVES	FELICIANO		BACTOL	<input type="checkbox"/>
<b>*MOTHER (Maiden Name)</b>	PADA	MARIA TERESA		ZERNA	<input type="checkbox"/>
<b>*SPOUSE (If Married)</b>	N/A				<input type="checkbox"/>
<b>MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE</b>	TEVES	TIMOTHY CARL		PADA	<input type="checkbox"/>
<b>*DATE OF BIRTH</b>		<b>*MARITAL STATUS</b>		<b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b>	
02 02 1990 <small>m m d d y y y y</small>		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		425 942 990	
<b>*PLACE OF BIRTH (City/Municipality/Province/Country)</b> <small>(Please indicate country if born outside the Philippines)</small>		<b>*CITIZENSHIP</b>		<b>SSS/GSIS NUMBER</b>	
DUMAGUETE CITY, NEG. OR.		FILIPINO		06 370 01197	
<b>*SEX</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>PROMINENT DISTINGUISHING FACIAL FEATURES</b> <small>(Ex. Moles, Scars, etc.)</small>		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	1.69 (cm)	110 (kg)			
<b>COMMON REFERENCE NUMBER (CRN)</b> <small>(If Available)</small>		<b>FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT</b> <small>(If payment of MS is not thru payroll deduction)</small>		<b>EMPLOYEE NUMBER</b>	
[ ] [ ]		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		00768 [ ]	
				<small>For AFP/PNP Employee, Serial/Badge No.</small>	
				[ ] [ ]	
				<small>For DepEd Employee, Division Code-Station Code</small>	
				[ ] [ ]	
<b>ADDRESS AND CONTACT DETAILS</b>					
<b>*PERMANENT HOME ADDRESS</b>				<small>(Indicate country code if abroad)</small>	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision
ROOM 4				GULLAS DRIVE SITIO ATIS	
Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	<b>COUNTRY + AREA CODE TELEPHONE NUMBER</b>	
BANILAD	MANDAUE CITY	CEBU	6000	Home	
<b>*PRESENT HOME ADDRESS</b>				N/A	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision
				HOUSE NO. 9 SIGLO XX DIKE	
Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Cell Phone	
BRGY. 3	TANJAY CITY	NEGROS ORIENTAL	6204	+63 9158426914	
<b>*PREFERRED MAILING ADDRESS</b>				Business (Direct Line)	
<input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address				[ ] [ ]	
				Business (Trunk Line) Local	
				[ ] [ ]	
				Email Address	
				DUSCIANXTREME1@GMAIL	