



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY												
Pag-IBIG MID NUMBER												
1	2	1	1		7	5	2	7	4	9	1	8
REGISTRATION TRACKING NUMBER												
916188288770												

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 type="checkbox"/> EMPLOYED		<input checked="" type="checkbox"/> UNEMPLOYED/ NOT YET EMPLOYED	
*MEMBERSHIP CATEGORY					
MANDATORY		<input type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> EMPLOYED GOVERNMENT	
				<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	
				<input type="checkbox"/> SELF-EMPLOYED (SE)	
VOLUNTARY					
EMPLOYED		INDIVIDUAL PAYOR (IP)		PENSIONER/INVESTOR/LESSOR	
<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT		<input type="checkbox"/> NON-WORKING SPOUSE		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION	
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> OTHERS <i>Please specify</i>	
	LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER	NARONA	ANN CARMELLE		APARICIO	<input type="checkbox"/>
FATHER	NARONA	JOY EMETERIO		DALO	<input type="checkbox"/>
*MOTHER (Maiden Name)	NARONA	GLENDA		APARICIO	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	NARON	ANNE CARMELLE		APARICIO	<input type="checkbox"/>
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
0 8 2 1 1 9 9 5 <i>mm dd yyyy</i>		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		[] [] [] [] [] [] [] [] [] []	
*PLACE OF BIRTH (City/Municipality/Province/Country) <i>(Please indicate country if born outside the Philippines)</i>		*CITIZENSHIP		SSS/GSIS NUMBER	
MAASIN, SOUTHERN LEYTE		FILIPINO		[] [] [] [] [] [] [] [] [] []	
*SEX	*HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		EMPLOYEE NUMBER
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	160 (cm)	58 (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		[] [] [] [] [] [] [] [] [] []	
				For DepEd Employee, Division Code-Station Code	
				[] [] [] [] [] [] [] [] [] []	
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	Subdivision
				ASUNCION	
Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>		ZIP Code	
MAASIN CITY	MAASIN	SOUTHERN LEYTE		6600	
*PRESENT HOME ADDRESS				COUNTRY + AREA CODE TELEPHONE NUMBER	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision
				NASIPIT	
Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>		ZIP Code	
TALAMBAN	CEBU CITY	CEBU		6000	
*PREFERRED MAILING ADDRESS				Home	
<input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address				[] [] [] [] [] [] [] [] [] []	
				Cell Phone	
				0932 9355779	
				Business (Direct Line)	
				[] [] [] [] [] [] [] [] [] []	
				Business (Trunk Line) Local	
				[] [] [] [] [] [] [] [] [] []	
				Email Address	
				anncarmellenarona@yahoo.com	