



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
1	2	1	1	7	5	9	5	6	4	5	3
REGISTRATION TRACKING NUMBER											
916196358650											

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 which are 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 occupation based on the List of Occupation, as provided in the Philippine Standard Occupational Classification (PSOC).
- 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 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 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., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER	RELLEN	RUNEL		LAGROMA	<input type="checkbox"/>
FATHER	RELLEN	RUEL		PUSOD	<input type="checkbox"/>
*MOTHER (Maiden Name)	LAGROMA	NELIA		OMICTIN	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	RELLEN	RUNEL		LAGROMA	<input type="checkbox"/>
*DATE OF BIRTH	*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
07 15 1994 <i>mm dd yyyy</i>	<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <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		
SAPANG DALAGA, MISAMIS OCCIDENTAL, PHILIPPINES	FILIPINO		[] [] [] [] [] [] [] [] [] [] [] []		
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		EMPLOYEE NUMBER
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	160 (cm)	63 (kg)			4 7 3 1 4 5 [] [] [] [] [] []
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	Subdivision
Barangay CANUBAY	Municipality/City OROQUIETA CITY	Province/State/Country (if abroad) MISAMIS OCCIDENTAL	ZIP Code 7207	COUNTRY + AREA CODE TELEPHONE NUMBER Home	
*PRESENT HOME ADDRESS				Cell Phone	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision
Barangay ECHAVEZ EXTENSION	Municipality/City CEBU CITY	Province/State/Country (if abroad) CEBU	ZIP Code 6000	Business (Direct Line)	
*PREFERRED MAILING ADDRESS				Business (Trunk Line) Local	
<input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address				Email Address	
				Blue_falcans@yahoo.com	