



MEMBER'S DATA FORM (MDF)

Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

1	2	1	1	7	5	3	6	2	8	2	9
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REGISTRATION TRACKING NUMBER
 916189450026

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					
<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	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>	
*MEMBER	PULGO	RUSSEL JANE	ELNAS	<input type="checkbox"/>	
*FATHER	PULGO	JOEL	SAMBILAD	<input type="checkbox"/>	
*MOTHER (Maiden Name)	ELNAS	NECIDONNA	BUCIO	<input type="checkbox"/>	
*SPOUSE (If Married)				<input type="checkbox"/>	
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	PULGO	RUSSEL JANE	ELNAS	<input type="checkbox"/>	
*DATE OF BIRTH	*MARRITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
0 8 0 4 1 9 9 7 <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		
LAPU-LAPU CITY (OPON), CEBU	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	156 (cm)	50 (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 NEW LIPATA	Subdivision
Barangay PUSOK	Municipality/City LAPU-LAPU CITY (OPON)	Province/State/Country (if abroad) CEBU	ZIP Code 6015	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 NEW LIPATA	Subdivision
Barangay PUSOK	Municipality/City LAPU-LAPU CITY (OPON)	Province/State/Country (if abroad) CEBU	ZIP Code 6015	0936 2284012	
*PREFERRED MAILING ADDRESS					Business (Direct Line)
<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
					russeljanepulgo@yahoo.com