



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER
 1 2 1 1 1 6 9 1 5 5 7 5

REGISTRATION TRACKING NUMBER
 915035566381

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 of 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 bases 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 (MCAF, 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"/> EMPLOYED FOREIGN GOVERNMENT <input type="checkbox"/> INDIVIDUAL PAYOR (IP) <input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> PENSIONER/INVESTOR/LESSOR <input type="checkbox"/> OTHERS <input type="checkbox"/> PARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP <input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION <input type="checkbox"/> OTHERS <small>Please specify</small>	
	LAST NAME	FIRST NAME	NAME EXTENSION <small>(e.g. Jr., II)</small>
*MEMBER	SIBUGAL	JICFI	
FATHER	DELA CRINA	L. PEDRO	III ROSARIO
*MOTHER (Mother's Name)	SIBUGAL	REMEDIOS	IRIANO
*SPOUSE (if Married)			
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	SIBUGAL	JICFI	
*DATE OF BIRTH 1 1 3 0 1 2 9 5	*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		TAXPAYER IDENTIFICATION NUMBER (TIN) 3 2 0 3 5 4 9 8 7
*PLACE OF BIRTH (City/Municipality/Province/Country) <small>(Please indicate country of birth outside the Philippines, CEBU CITY, CEBU)</small>	*CITIZENSHIP FILIPINO		SSS/GSIS NUMBER 3 6 3 6 3 4 6 4 4 2
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female HEIGHT (cm) WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES <small>(Ex. Moles, Scars, etc.)</small>		EMPLOYEE NUMBER For AFP/PMF Employee, Serial/Barcode No. For DepEd Employee, Division Code-Station Code
COMMON REFERENCE NUMBER (CRN) <small>(If Available)</small>	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <small>(if payment of MS is not thru payroll deduction)</small> <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		
ADDRESS AND CONTACT DETAILS			
*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No. Block No. Phase No. House No. Street Name Subdivision			<small>(Indicate country code if abroad)</small> COUNTRY - AREA CODE TELEPHONE NUMBER Home Call Phone Business (Direct Line) Business (Toll-Free Line) Local Email Address socksibugale@yahooc.com.ph
Berangay: <small>(Municipality/City/Province/State/Country (if abroad))</small> CEBU ZIP Code 6000			
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No. Block No. Phase No. House No. Street Name Subdivision			
Berangay: <small>(Municipality/City/Province/State/Country (if abroad))</small> CEBU ZIP Code 6000			
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address			