



MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER											
1	2	1	1	9	7	4	6	7	7	2	3
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 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 your job, profession, or type of work to earn a living.
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 any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS		<input type="checkbox"/> EMPLOYED	<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED
*MEMBERSHIP CATEGORY			
MANDATORY		VOLUNTARY	
<input checked="" type="checkbox"/> EMPLOYED PRIVATE	<input type="checkbox"/> SELF-EMPLOYED (SE)	<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT	<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION
<input type="checkbox"/> EMPLOYED GOVERNMENT	<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER	<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	<input type="checkbox"/> NON-WORKING SPOUSE
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> JOB ORDER PERSONNEL	<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT
	<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)	<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	<input type="checkbox"/> OTHERS, Please specify

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	CHU	KARL KENNETH		SOLIS	<input type="checkbox"/>
FATHER	CHU	KENNETH		(ABALQUINTO)	<input type="checkbox"/>
*MOTHER (Maiden Name)	SOLIS	GRACE		ESTRELLA	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH 09 08 1996 m m d d y y y y		*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) 337 253 801	
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)		*CITIZENSHIP FILIPINO		SSS/GSIS NUMBER 0639605960	
*SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT 164 (cm)	WEIGHT 54 (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.) MOLE		
COMMON REFERENCE NUMBER (CRN) (If Available)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction) <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		EMPLOYEE NUMBER For AFP/PNP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code	

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name CITIO BAYABAS				(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home	
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code LAWAAN II, TALISAY CITY, CEBU 6091				Cell Phone	
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name CITIO BAYABAS				Business (Direct Line)	
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code LAWAAN II, TALISAY CITY, CEBU 6091				Business (Trunk Line) Local	
*PREFERRED MAILING ADDRESS <input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address				Email Address	