

MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER										
1	2	0	9	5	0	5	2	7	1	6
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"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER		<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)		<input type="checkbox"/> JOB ORDER PERSONNEL		<input type="checkbox"/> NON-WORKING SPOUSE	
		<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	
				<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	
				<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION	
				<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT	
				<input type="checkbox"/> OTHERS, Please specify	
PERSONAL DETAILS					
NAME		LAST NAME		FIRST NAME	
				NAME EXTENSION <i>(e.g. Jr., II)</i>	
				MIDDLE NAME	
				NO MIDDLE NAME <i>(check if applicable only)</i>	
*MEMBER				<input type="checkbox"/>	
FATHER		SUBINGSUBING		RICARDO	
				DUAN	
*MOTHER (Maiden Name)		ANTIAMPO		MIGUELA	
				ESCODERO	
*SPOUSE (If Married)				<input type="checkbox"/>	
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE				<input type="checkbox"/>	
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
05 06 1994 <i>m m d d y y y y</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/IGSIS NUMBER	
		FILIPINO		[] [] [] [] [] [] [] [] [] []	
*SEX		HEIGHT		WEIGHT	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		151 (cm)		54 (kg)	
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i>		PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		EMPLOYEE NUMBER	
[] [] [] [] [] [] [] [] [] []				[] [] [] [] [] [] [] [] [] []	
		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				(Indicate country code if abroad)	
Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name				COUNTRY + AREA CODE TELEPHONE NUMBER	
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code				Home	
TUGBONGAN CONSOLACION CEBU 6001				[] [] [] [] [] [] [] [] [] []	
*PRESENT HOME ADDRESS				Cell Phone	
Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name				[] [] [] [] [] [] [] [] [] []	
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code				Business (Direct Line)	
TUGBONGAN CONSOLACION CEBU 6001				[] [] [] [] [] [] [] [] [] []	
*PREFERRED MAILING ADDRESS				Business (Trunk Line) Local	
<input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address				[] [] [] [] [] [] [] [] [] []	
				Email Address	
				[] [] [] [] [] [] [] [] [] []	