



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
1	2	1	2	2	4	4	3	6	0	4	7
REGISTRATION TRACKING NUMBER											
918124442632											

### 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.

<b>*OCCUPATIONAL STATUS</b>		<input checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/ NOT YET EMPLOYED	
<b>*MEMBERSHIP CATEGORY</b>					
<b>MANDATORY</b>					
<input checked="" type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	
<input type="checkbox"/> SELF-EMPLOYED (SE)					
<b>VOLUNTARY</b>					
<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>					
	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>NAME EXTENSION</b> <i>(e.g. Jr., II)</i>	<b>MIDDLE NAME</b>	<b>NO MIDDLE NAME</b> <i>(check if applicable only)</i>
<b>*MEMBER</b>	PONO	VENICE LEI			<input type="checkbox"/>
<b>FATHER</b>	CUMBA	AUGSTUS CEASAR		RIVERA	<input type="checkbox"/>
<b>*MOTHER (Maiden Name)</b>	PONO	JUDITH		MODEQUILLO	<input type="checkbox"/>
<b>*SPOUSE (If Married)</b>					<input type="checkbox"/>
<b>MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE</b>	PONO	VENICE LEI			<input type="checkbox"/>
<b>*DATE OF BIRTH</b>		<b>*MARITAL STATUS</b>		<b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b>	
0 7 0 6 1 9 9 9 <small>m m d d y y y y</small>		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
<b>*PLACE OF BIRTH (City/Municipality/Province/Country)</b> <i>(Please indicate country if born outside the Philippines)</i>		<b>*CITIZENSHIP</b>		<b>SSS/GSIS NUMBER</b>	
SOGOD, CEBU		FILIPINO		3 4 7 5 3 1 5 5 7 6	
<b>*SEX</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>PROMINENT DISTINGUISHING FACIAL FEATURES</b> <i>(Ex. Moles, Scars, etc.)</i>		<b>EMPLOYEE NUMBER</b>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	153 (cm)	45 (kg)			[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
<b>COMMON REFERENCE NUMBER (CRN)</b> <i>(If Available)</i>		<b>FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT</b> <i>(If payment of MS is not thru payroll deduction)</i>		<b>For AFP/PNP Employee, Serial/Badge No.</b>	
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
<b>For DepEd Employee, Division Code-Station Code</b>					
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]					
<b>ADDRESS AND CONTACT DETAILS</b>					
<b>*PERMANENT HOME ADDRESS</b>					<i>(Indicate country code if abroad)</i>
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision
	VELEZ COMPOUND		4	F RAMOS ST	
Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>		ZIP Code	
SANTA CRUZ	CEBU CITY	CEBU		6000	
<b>*PRESENT HOME ADDRESS</b>					<b>COUNTRY + AREA CODE</b>
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision
	VELEZ COMPOUND		4	F RAMOS ST	
Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>		ZIP Code	
SANTA CRUZ	CEBU CITY	CEBU		6000	
<b>*PREFERRED MAILING ADDRESS</b>					<b>TELEPHONE NUMBER</b>
<input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					Home
					Cell Phone
					Business (Direct Line)
					Business (Trunk Line) Local
					Email Address
					ponov@yahoo.com