



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	
REGISTRATION TRACKING NUMBER	9190-8183-8074

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 checked="" type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED		
*MEMBERSHIP CATEGORY					
MANDATORY		VOLUNTARY			
<input 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"/> NON-WORKING SPOUSE	<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		
	<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)	<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR		
		<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	ALINTON	MAYBELLE		MAHINAY	<input type="checkbox"/>
FATHER	ALINTON	BREGIDO	SR.	INCOB	<input type="checkbox"/>
*MOTHER (Maiden Name)	MAHINAY	HERMINIA		DURADO	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>
*DATE OF BIRTH	*MARRITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
09 21 1999	<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated				
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)	*CITIZENSHIP		SSS/GSIS NUMBER		
CEBU CITY	FILIPINO		06-42589170		
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)		
<input checked="" type="checkbox"/> Female	149 (cm)	40 (kg)			
COMMON REFERENCE NUMBER (CRN) (If Available)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction)		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	
			CEBON		
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	
	POBLACION	LILUAN	CEBU	6002	
*PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No. House No	Street Name		
			CEBON		
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	
	POBLACION	LILUAN	CEBU	6002	
*PREFERRED MAILING ADDRESS					
<input checked="" type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address			Email Address		

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

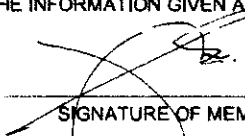


PRESENT EMPLOYMENT DETAILS			
*OCCUPATION		EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/ <input type="checkbox"/> Casual <input type="checkbox"/> Project-based <input type="checkbox"/> Temporary	
		TYPE OF WORK (For OFW only) (Pls. specify country of assignment) <input type="checkbox"/> Land-based _____ <input type="checkbox"/> Sea-based _____	
*EMPLOYER/BUSINESS NAME (For Formally Employed, OFW and Self-employed Professional/Business Owner)		MONTHLY INCOME Basic _____	
*EMPLOYER/BUSINESS ADDRESS (For Formally Employed, OFW and Self-employed Professional/Business Owner) Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.		Allowances/Others _____ Total Mo. Income _____	
Street Name	Subdivision	Barangay	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
Municipality/City	Province	State/Country (if abroad)	ZIP Code
			DATE EMPLOYED (Month, Year)

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP			
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS		FROM TO	
		m m y y y y m m y y y y	
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS		FROM TO	
		m m y y y y m m y y y y	
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS		FROM TO	
		m m y y y y m m y y y y	

HEIRS						
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.



 SIGNATURE OF MEMBER

03 / 22 / 19

 DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY	DATE
_____ Signature over Printed Name Designation/Position Branch/Unit	_____

DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.