

MEMBER'S DATA FORM (MDF)

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Γ	Pag-IBIG MID NUMBER												
l	1	6	4	0	0	1	2	3		5	7	1	4
l	REGISTRATION TRACKING NUMBER												
	913298106700												

INSTRUCTIONS

- 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.
 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
- 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.

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*OCCUPATIONAL STAT	US X EMPLO	YED UNEMPLOYED/ NOT YET EMPLOYED								
		*MEMBERSH	IIP CATEGORY							
MANDATORY X EMPLOYED PRIVATE	☐ EMPLO	YED GOVERNMENT	TOVERSEAS FILIPINO WORKER (OFW) SELF-EMPLOYED (SE)							
VOLUNTARY EMPLOYED FEMPLOYED FOREIGN GOV BARANGAY OFFICIAL/EMP	PERNMENT NON-W	IL PAYOR (IP) ORKING SPOUSE R OF RELIGIOUS GROUP	PENSIONER/INVESTOR/LES							
	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)		NO MIDDLE NAME (check if applicable only)					
*MEMBER	MARTIZANO	BENJIE		ARAYAN	Γ					
FATHER	MARTIZANO	NORBERTO		TOREQUIMADA	<u> </u>					
*MOTHER (Malden Name)	ARAYAN	ARTEMIA		ABARCA	Γ					
*SPOUSE (If Married)	BACUS	GINALYN		PACRES	Γ					
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	MARTIZANO	BENJIE		ARAYAN	Γ					
*DATE OF BIRTH 0 4 1 4 1 mm dd yyyy	9 8 9	*MARITAL STATUS . Single/Unmarried Will Married Le	dowler Annulled	TAXPAYER IDENTIFICATION NUMBER (TIN)						
*PLACE OF BIRTH (City/Mu (Please indicate country if born CEBU CITY, CEBU	outside the Philippines)	-	FILIPINO	SSS/GSIS NUMBER 6 2 7 3 5 9 3	4 1					
*SEX HEIGHT IX Male ☐ Female (c	weight (kg)	PROMINENT DISTINGUIS (Ex. Moles, Scars, etc.)	SHING FACIAL FEATURES	EMPLOYEE NUMBER For AFP/PNP Employee, Seri	al/Badge No.					
COMMON REFERENCE N (If Available)		PAYMENT (If payment of	BERSHIP SAVINGS (MS) MS is not thru payroll deduction)	For DepEd Employee, Division Code-Station Code						
			emi-Annually nnually							
the control of the property of the control of	Park Section of the Control	ADDRESS AND	CONTACT DETAILS							
*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name Subdivision (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home										
Barangay Municipality/City Province/State/Country(if abroad) ZIP Code CEBU CEBU CEBU 6000 Cell Phone										
*PRESENT HOME ADDRE Unit/Room No., Floor Bulld	SS ling Name Lot No., Bloc	Street Name Subdivision	0926 1041219 Business (Direct Line)							
	CEBU CITY CEBU	ate/Country(if abroad)	ZIP Code 6000	Business (Trunk Line)	Local					
*PREFERRED MAILING ADDRESS Email Address										
☐ Present Home Address ☑ Permanent Home Address ☑ Employer/Business Address ☐ mmraccnt01@gmail.com										