



MEMBER'S DATA FORM (MDF)

FOR HDMF USE ONLY
Pag-IBIG MID No. <b style="text-align: center;">121207606481

REGISTRATION TRACKING NO: 917226289755

Occupational Status **UNEMPLOYED/NOT YET EMPLOYED**

Membership Category:

	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	RUIZ	BARBARA TRIA		CABUGNASON	<input type="checkbox"/>
FATHER	RUIZ	EUSEBIO		CASPILO	<input type="checkbox"/>
MOTHER (Maiden Name)	CABUGNASON	SHIRLEY		CARINO	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	RUIZ	BARBARA TRIA		CABUGNASON	<input type="checkbox"/>

DATE OF BIRTH 04/11/1996		MARITAL STATUS SINGLE		TIN
PLACE OF BIRTH ILIGAN CITY, LANA O DEL NORTE		CITIZENSHIP FILIPINO		SSS NUMBER
SEX FEMALE	HEIGHT(cm) 0.00	WEIGHT(kg) 0.00	PROMINENT DISTINGUISHING FACIAL FEATURES	GSIS NUMBER
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT	EMPLOYEE NUMBER
				For AFP/PNP Employee, Serial/Badge No.
				For DECS Employee, Division Code-Station Code

ADDRESS AND CONTACT DETAILS

PERMANENT HOME ADDRESS				CONTACT NUMBER	
Unit/Room No., Floor		Building		(Indicate country code if abroad) COUNTRY + AREA CODE + TELEPHONE NUMBER Home Cell Phone Business(Direct Line) Business(Trunk Line) Email Address triaruiz@gmail.com	
Lot No.	Block No.	Phase No.	House No. Street		
			792 F CRUZ ST		
Subdivision		Barangay			
ZEPHYR HOMES		171			
Municipality/City			Province/State/Country		
PASAY CITY			PHILIPPINES		
ZIP Code					
1353					

PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building	Lot no.	Block no.	Phase No.
House No.	Street	Subdivision	Barangay		
792	F CRUZ ST	ZEPHYR HOMES	171		
Municipality/City		Province/State/Country			Zip Code
PASAY CITY		PHILIPPINES			1353
Preferred Mailing Address		Present Address			

PRESENT EMPLOYMENT DETAILS						
EMPLOYER/BUSINESS NAME				MONTHLY INCOME		
EMPLOYER/BUSINESS ADDRESS				Basic	0.00	
				Allowances/Others	0.00	
Unit/Room No., Floor		Building		Total Mo. Income	0.00	
Lot No. Block No. Phase No. House No: Street				TYPE OF WORK		
Subdivision				ASSIGNED COUNTRY		
Municipality/City				MANNING AGENCY		
State/Country(if abroad)				OFFICE ASSIGNMENT		
OCCUPATION				EMPLOYMENT STATUS		DATE EMPLOYED

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP		
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT
EMPLOYER/BUSINESS ADDRESS		FROM TO

HEIRS						
LASTNAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH

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

SIGNATURE OF MEMBER 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 Funds 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.



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
REGISTRATION TRACKING NUMBER											
917226289755											

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.

*OCCUPATIONAL STATUS		<input type="checkbox"/> EMPLOYED		<input checked="" type="checkbox"/> UNEMPLOYED/ NOT YET EMPLOYED	
*MEMBERSHIP CATEGORY					
MANDATORY					
<input type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	
<input type="checkbox"/> SELF-EMPLOYED (SE)					
VOLUNTARY					
<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"/> MEMBER OF COOPERATIVE/TRADE UNION	
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> OTHERS <i>Please specify</i>	
	LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER	RUIZ	BARBARA TRIA		CABUGNASON	<input type="checkbox"/>
FATHER	RUIZ	EUSEBIO		CASPILLO	<input type="checkbox"/>
*MOTHER (Maiden Name)	CABUGNASON	SHIRLEY		CARINO	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	RUIZ	BARBARA TRIA		CABUGNASON	<input type="checkbox"/>
*DATE OF BIRTH	*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
0 4 1 1 1 9 9 6 <i>m m d d y y y y</i>	<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) <i>(Please indicate country if born outside the Philippines)</i>	*CITIZENSHIP		SSS/GSIS NUMBER		
ILIGAN CITY, LANA O DEL NORTE	FILIPINO		[] [] [] [] [] [] [] [] [] []		
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		EMPLOYEE NUMBER
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	(cm)	(kg)			[] [] [] [] [] [] [] [] [] []
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i>	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		[] [] [] [] [] [] [] [] [] []		
ADDRESS AND CONTACT DETAILS					
*PERMANENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name	Subdivision
Barangay 171	Municipality/City PASAY CITY	Province/State/Country (if abroad)	792	F CRUZ ST	ZEPHYR HOMES
*PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name	Subdivision
Barangay 171	Municipality/City PASAY CITY	Province/State/Country (if abroad)	792	F CRUZ ST	ZEPHYR HOMES
*PREFERRED MAILING ADDRESS					
<input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					
(Indicate country code if abroad)					
COUNTRY + AREA CODE		TELEPHONE NUMBER			
Home		[] [] [] [] [] [] [] [] [] []			
Cell Phone		[] [] [] [] [] [] [] [] [] []			
Business (Direct Line)		[] [] [] [] [] [] [] [] [] []			
Business (Trunk Line)		Local		[] [] [] [] [] [] [] [] [] []	
Email Address					
triaruiz@gmail.com					