



MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER											
1	2	1	1	6	7	5	5	2	7	2	0
REGISTRATION TRACKING NUMBER											
916099906666											

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 checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED	
MANDATORY		*MEMBERSHIP CATEGORY			
<input checked="" type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OPW)	
<input type="checkbox"/> VOLUNTARY		<input type="checkbox"/> SELF-EMPLOYED (SE)			
<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>	
*MEMBER	LAST NAME	FIRST NAME	MIDDLE NAME	NAME EXTENSION	NAME OF MOTHER (Last Name)
	TUMULAK	AL GWEN			EGOS
FATHER	TUMULAK	AL			BONGANCISO
*MOTHER (Maiden Name)	EGOS	NILSA			NOEL
*SPOUSE (If Married)					
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	TUMULAK	AL GWEN			EGOS
*DATE OF BIRTH	*MARRITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
0 5 2 5 1 9 9 5	<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)	*CITIZENSHIP		SSS/GSIS NUMBER		
CEBU CITY, CEBU	FILIPINO		[] [] [] [] [] [] [] [] [] []		
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES		
<input checked="" type="checkbox"/> Male	154 (cm)	50 (kg)	(Ex. Moles, Scars, etc.)		
<input type="checkbox"/> Female			EMPLOYEE NUMBER		
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		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		
			[] [] [] [] [] [] [] [] [] []		
*PERMANENT HOME ADDRESS					
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)		F JACA ST	SAN AGUSTINE VILLAGE
RAYAWAN	CEBU CITY	CEBU			6000
*PRESENT HOME ADDRESS					
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)		F JACA ST	SAN AGUSTINE VILLAGE
RAYAWAN	CEBU CITY	CEBU			6000
*PREFERRED MAILING ADDRESS					
<input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					
(Indicate country code if abroad)					
COUNTRY + AREA CODE		TELEPHONE NUMBER			
[] [] [] [] [] [] [] [] [] []		[] [] [] [] [] [] [] [] [] []			
Cell Phone					
0942		0791482			
Business (Direct Line)					
[] [] [] [] [] [] [] [] [] []		[] [] [] [] [] [] [] [] [] []			
Business (Trunk Line)					
[] [] [] [] [] [] [] [] [] []		Local			
Email Address					
algwentumulak@gmail.com					