

MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER
 1212 4953 8828
 REGISTRATION TRACKING NUMBER
 919131945045

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 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** EMPLOYED UNEMPLOYED/NOT YET EMPLOYED

MEMBERSHIP CATEGORY

MANDATORY		VOLUNTARY	
<input checked="" type="checkbox"/> EMPLOYED PRIVATE	<input checked="" 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"/> OVERSEAS FILIPINO IMMIGRANT
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> JOB ORDER PERSONNEL	<input type="checkbox"/> NON-WORKING SPOUSE	<input type="checkbox"/> OTHERS, Please specify
	<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)	<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	
		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	LACUÑA	KARYL MAE		MONTECALVO	<input type="checkbox"/>
FATHER					<input type="checkbox"/>
*MOTHER (Maiden Name)	MONTECALVO	LILETH		BREGENTE	<input type="checkbox"/>
*SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	LACUÑA	KARYL MAE		MONTECALVO	<input type="checkbox"/>

*DATE OF BIRTH 08 07 1999	*MARRITAL STATUS <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	TAXPAYER IDENTIFICATION NUMBER (TIN)
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) CEBU CITY, CEBU	*CITIZENSHIP FILIPINO	SSS/GSIS NUMBER
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT 157.48 (cm)	WEIGHT 48 (kg)
PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (if payment of MS is not thru payroll deduction) <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	EMPLOYEE NUMBER For AFP/PNP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code
COMMON REFERENCE NUMBER (CRN) (if Available)		

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name 704-G CAMANSI	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code MAMBALING CEBU CITY CEBU 6000	Cell Phone 0998 3092820
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name 704-G CAMANSI	Business (Direct Line)
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code MAMBALING CEBU CITY CEBU 6000	Business (Trunk Line) Local
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	Email Address lacunakaryl7@gmail.com

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.