



MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER
 1 2 1 2 4 0 4 2 0 8 7 3
 REGISTRATION TRACKING NUMBER
 918352962411

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** 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 checked="" type="checkbox"/> EMPLOYED GOVERNMENT	<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER	<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT
<input checked="" 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	INOT	JOSE JASON		ALTURA	<input type="checkbox"/>
FATHER	INOT	JOSE		DINOPOL	<input type="checkbox"/>
*MOTHER (Maiden Name)	ALTURA	YOLANDA		IGANO	<input type="checkbox"/>
*SPOUSE (If Married)	COMBINI	GRACE		RETUERTO	<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN HIS BIRTH CERTIFICATE	INOT	JOSE JASON		ALTURA	<input checked="" type="checkbox"/>

*DATE OF BIRTH 0 5 1 4 1 9 8 9 m m d d y y y y	*MARITAL STATUS <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input checked="" 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 checked="" type="checkbox"/> Male <input type="checkbox"/> Female HEIGHT _____ (cm) WEIGHT _____ (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)	EMPLOYEE NUMBER [] [] [] [] [] [] [] [] [] []
COMMON REFERENCE NUMBER (CRN) (If Available) [] [] [] [] [] [] [] [] [] []	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction) <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	For AFP/PNP Employee, Serial/Badge No. [] [] [] [] [] [] [] [] [] []
		For DepEd Employee, Division Code-Station Code [] [] [] [] [] [] [] [] [] []

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER
Subdivision SITIO VILLAMANGA Barangay BASAK PARDO Municipality/City CEBU CITY Province/State/Country (if abroad) CEBU ZIP Code 6000	Home [] [] [] [] [] [] [] [] [] [] Cell Phone 0927 3504735
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name	Business (Direct Line) [] [] [] [] [] [] [] [] [] [] Business (Trunk Line) [] [] [] [] [] [] [] [] [] [] Local [] [] [] [] [] [] [] [] [] []
Subdivision SITIO VILLAMANGA Barangay BASAK PARDO Municipality/City CEBU CITY Province/State/Country (if abroad) CEBU ZIP Code 6000	Email Address jason.id454@gmail.com
*PREFERRED MAILING ADDRESS <input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.