



MEMBER'S DATA FORM (MDF)

Pag-IBIG Fund

Pag-IBIG MID NUMBER

1	2	2	0	8	6	5	9	4	2	8
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REGISTRATION TRACKING NUMBER
 917241632576

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 ILO 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** EMPLOYED UNEMPLOYED/ NOT YET EMPLOYED

***MEMBERSHIP CATEGORY**

MANDATORY
 EMPLOYED PRIVATE EMPLOYED GOVERNMENT OVERSEAS FILIPINO WORKER (OFW) SELF-EMPLOYED (SE)

VOLUNTARY
 EMPLOYED
 EMPLOYED FOREIGN GOVERNMENT INDIVIDUAL PAYOR (IP)
 BARANGAY OFFICIAL/EMPLOYEE NON-WORKING SPOUSE PENSIONER/INVESTOR/LESSOR OTHERS
 MEMBER OF RELIGIOUS GROUP MEMBER OF COOPERATIVE/TRADE UNION *Please specify*

	LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER	DEVERO	MELGEN		PLACER	<input type="checkbox"/>
FATHER	DEVERO	ELPIDIO		HANDUMON	<input type="checkbox"/>
*MOTHER (Maiden Name)	PLACER	JEORITA		ESTOCONING	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	DEVERO	MELGEN		PLACER	<input type="checkbox"/>

*DATE OF BIRTH <table border="1"> <tr> <td>1</td><td>2</td><td>0</td><td>5</td><td>1</td><td>9</td><td>4</td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td> </tr> </table>	1	2	0	5	1	9	4	m	m	d	d	y	y	y	*MARITAL STATUS <input checked="" 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) <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		
1	2	0	5	1	9	4																												
m	m	d	d	y	y	y																												
*PLACE OF BIRTH (City/Municipality/Province/Country) <i>(Please indicate country if born outside the Philippines)</i> SAN CARLOS CITY, NEGROS OCCIDENTAL	*CITIZENSHIP FILIPINO	SSS/GSIS NUMBER <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT 160 (cm)	WEIGHT 50 (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>	EMPLOYEE NUMBER <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> For AFP/PNP Employee, Serial/Badge No. <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> For DepEd Employee, Division Code-Station Code <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																														
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <i>(If payment of MS is not thru payroll deduction)</i> <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 BRYERMITA SIPAWAY Municipality/City SAN CARLOS CITY Province/State/Country (if abroad) NEGROS OCCIDENTAL ZIP Code 6127	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home <table border="1"> <tr> <td></td><td></td> </tr> </table> Cell Phone <table border="1"> <tr> <td>0950</td><td>0679439</td> </tr> </table> Business (Direct Line) <table border="1"> <tr> <td></td><td></td> </tr> </table> Business (Trunk Line) Local <table border="1"> <tr> <td></td><td></td><td></td> </tr> </table> Email Address <table border="1"> <tr> <td></td> </tr> </table>			0950	0679439						
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*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address											