

# MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER											
1	2	1	2	1	6	5	9	4	7	3	5
REGISTRATION TRACKING NUMBER											
918016430474											

### 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		<input type="checkbox"/> EMPLOYED		<input checked="" type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED	
*MEMBERSHIP CATEGORY					
MANDATORY			VOLUNTARY		
<input checked="" type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> SELF-EMPLOYED (SE)		<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT	
<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER		<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)		<input type="checkbox"/> JOB ORDER PERSONNEL		<input type="checkbox"/> NON-WORKING SPOUSE	
		<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	
				<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	
				<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION	
				<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT	
				<input type="checkbox"/> OTHERS, Please specify	
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	DE LA PIEDRA	JOHNNY ISABELD		ORAN	<input type="checkbox"/>
FATHER	DELA PIEDRA	CRESENTE		ILI GAN	<input type="checkbox"/>
*MOTHER (Maiden Name)	ORAN	FE		VILLACERAN	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
12 12 1997		<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) (Please indicate country if born outside the Philippines)		*CITIZENSHIP		SSS/GSIS NUMBER	
		FILIPINO		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	155 (cm)	50 (kg)			
COMMON REFERENCE NUMBER (CRN) (If Available)		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			
ADDRESS AND CONTACT DETAILS					
*PERMANENT HOME ADDRESS					(Indicate country code if abroad)
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	COUNTRY + AREA CODE TELEPHONE NUMBER
			1849		Home
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Cell Phone
SINGSON (COMPUND)	GUADALUPE	CEBU CITY	CEBU	6000	
*PRESENT HOME ADDRESS					Business (Direct Line)
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	
			1849		Business (Trunk Line) Local
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Email Address
SINGSON (COMPUND)	GUADALUPE	CEBU CITY	CEBU	6000	
*PREFERRED MAILING ADDRESS					
<input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					