



# MEMBER'S DATA FORM (MDF)

**FOR Pag-IBIG Fund USE ONLY**

Pag-IBIG MID NUMBER  

1	2	1	1	8	2	9	4	5	2	6	3
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REGISTRATION TRACKING NUMBER  
 916273089556

### 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.

<b>*OCCUPATIONAL STATUS</b>		<input checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/ NOT YET EMPLOYED	
<b>*MEMBERSHIP CATEGORY</b>					
<b>MANDATORY</b>					
<input checked="" type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	
<input type="checkbox"/> SELF-EMPLOYED (SE)					
<b>VOLUNTARY</b>					
<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"/> OTHERS	
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION	
<i>Please specify</i>					
	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>NAME EXTENSION</b> <i>(e.g. Jr., II)</i>	<b>MIDDLE NAME</b>	<b>NO MIDDLE NAME</b> <i>(check if applicable only)</i>
<b>*MEMBER</b>	DAIGDIGAN	ARLYN MAE		ADORABLE	<input type="checkbox"/>
<b>FATHER</b>	DAIGDIGAN	ARSENIO ROMEO		GALLUR	<input type="checkbox"/>
<b>*MOTHER (Maiden Name)</b>	ADORABLE	CLEMENCITA		CALAMBA	<input type="checkbox"/>
<b>*SPOUSE (If Married)</b>					<input type="checkbox"/>
<b>MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE</b>	DAIGDIGAN	ARLYN MAE		ADORABLE	<input type="checkbox"/>
<b>*DATE OF BIRTH</b>		<b>*MARITAL STATUS</b>		<b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b>	
0 5 2 7 1 9 9 3 <i>m m d d y y y y</i>		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
<b>*PLACE OF BIRTH (City/Municipality/Province/Country)</b> <i>(Please indicate country if born outside the Philippines)</i>		<b>*CITIZENSHIP</b>		<b>SSS/GSIS NUMBER</b>	
LOBOC, BOHOL		FILIPINO		0 6 3 8 6 0 0 8 3 0	
<b>*SEX</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>PROMINENT DISTINGUISHING FACIAL FEATURES</b> <i>(Ex. Moles, Scars, etc.)</i>		
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	164 (cm)	50 (kg)			
<b>COMMON REFERENCE NUMBER (CRN)</b> <i>(If Available)</i>		<b>FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT</b> <i>(If payment of MS is not thru payroll deduction)</i>		<b>EMPLOYEE NUMBER</b>	
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
<b>ADDRESS AND CONTACT DETAILS</b>					
<b>*PERMANENT HOME ADDRESS</b>				<b>(Indicate country code if abroad)</b>	
Unit/Room No., Floor		Building Name		COUNTRY + AREA CODE	
Lot No., Block No., Phase No.		House No		TELEPHONE NUMBER	
Street Name		Subdivision		Home	
Barangay	Municipality/City	Province/State/Country (if abroad)		ZIP Code	
JIMELIAN	LOBOC	BOHOL		6316	
<b>*PRESENT HOME ADDRESS</b>				Cell Phone	
Unit/Room No., Floor		Building Name		0946	
Lot No., Block No., Phase No.		House No		2231535	
Street Name		Subdivision		Business (Direct Line)	
Barangay		Municipality/City		Business (Trunk Line)	
Province/State/Country (if abroad)		ZIP Code		Local	