



MEMBER'S DATA FORM (MDF)

FOR FATHER'S USE ONLY	
Pag-IBIG MID NUMBER	1211 0736 2705
REGISTRATION TRACKING NUMBER	118 462 05

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 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	ABAPO	ED	STRUCT	DA-DA	<input type="checkbox"/>
FATHER	ABAPO	EDGARDO		QUARTE	<input type="checkbox"/>
*MOTHER (Maiden Name)	DA-DA	JOSEFINA		QUERO QUERO	<input type="checkbox"/>
*SPOUSE (Maiden Name)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ED	STRUCT	DA-DA	ABAPO	<input type="checkbox"/>

*DATE OF BIRTH 09 10 1994	*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) 392 662 226
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) CEBU CITY	*CITIZENSHIP FILIPINO	SSS/GSIS NUMBER 0638971462
*SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT 158 (cm)	WEIGHT 55 (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	

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No. Phase Building Name Lot No., Block No., Phase No. House No. Street Name PHASE 1-B ODEVILAS SUBDIVISION	(Indicate country code if abroad) COUNTRY - AREA CODE TELEPHONE NUMBER Home Cell Phone Business (Direct Line) Business (Trunk Line) Local Email Address
Subdivision: Barangay Municipality/City Province/State/Country (if abroad) ZIP Code TISA, CEBU CITY	
*PRESENT HOME ADDRESS Unit/Room No. Phase Building Name Lot No., Block No., Phase No. House No. Street Name PHASE 1-B ODEVILAS SUBDIVISION	
Subdivision: Barangay Municipality/City Province/State/Country (if abroad) ZIP Code TISA, CEBU CITY	
*PREFERRED MAILING ADDRESS <input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	