

# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER  
1 2 1 2 5 2 0 8 3 1 8 0

REGISTRATION TRACKING NUMBER  
919163939135

- 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	

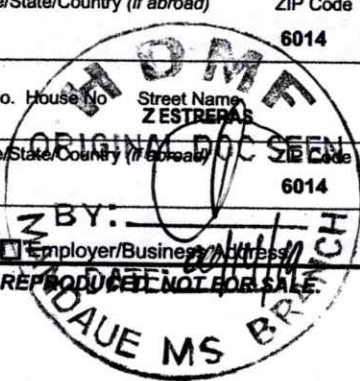
PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	NAVAJA	XAIRIE NICOLE		DIMAKILING	<input type="checkbox"/>
FATHER	NAVAJA	NERI		DUMDUM	<input type="checkbox"/>
*MOTHER (Maiden Name)	DIMAKILING	DAISY		DILAO	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	NAVAJA	XAIRIE NICOLE		DIMAKILING	<input type="checkbox"/>

*DATE OF BIRTH 1 2 1 5 1 9 9 5 m m d d y y y y	*MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input 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) CALBAYOG CITY, WESTERN SAMAR	*CITIZENSHIP FILIPINO	SSS/GSIS NUMBER [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female HEIGHT 152 (cm) WEIGHT 52 (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 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						(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	Home
		40 5 1		Z ESTRERAS	032	2392701	
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Cell Phone		
PALM HEIGHTS	TABOK	MANDAUE CITY	CEBU	6014	0905	4882743	
*PRESENT HOME ADDRESS						Business (Direct Line)	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Business (Trunk Line)	Local	
		40 5 1		Z ESTRERAS			
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Email Address		
PALM HEIGHTS	TABOK	MANDAUE CITY	CEBU	6014	nicolexairie@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