



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
1	2	1	1	3	9	5	1	1	8	9	3
REGISTRATION TRACKING NUMBER											
915065170594											

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.

*OCCUPATIONAL STATUS		<input type="checkbox"/> EMPLOYED		<input checked="" type="checkbox"/> UNEMPLOYED/ NOT YET EMPLOYED	
*MEMBERSHIP CATEGORY					
MANDATORY					
<input type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	
<input type="checkbox"/> SELF-EMPLOYED (SE)					
VOLUNTARY					
<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>					
	LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER	DANO	JONAH MARIE		CALACAR	<input type="checkbox"/>
FATHER	DANO	BENJAMIN	III	GANIA	<input type="checkbox"/>
*MOTHER <i>(Maiden Name)</i>	DANO	ARTEMIA		CALACAR	<input type="checkbox"/>
*SPOUSE <i>(If Married)</i>					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	DANO	JONAH MARIE		CALACAR	<input type="checkbox"/>
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
0 1 3 0 1 9 9 5 <i>mm d d y y y y</i>		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		[] [] [] [] [] [] [] [] [] []	
*PLACE OF BIRTH <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>		*CITIZENSHIP		SSS/GSIS NUMBER	
LOBOC, BOHOL		FILIPINO		0 6 3 6 4 8 7 9 7 4	
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	(cm)	(kg)			
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i>		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <i>(If payment of MS is not thru payroll deduction)</i>		EMPLOYEE NUMBER	
[] [] [] [] [] [] [] [] [] []		<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 TIGBAO	Municipality/City LOBOC	Province/State/Country <i>(if abroad)</i> BOHOL			ZIP Code 6316
*PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision
Barangay BASAK	Municipality/City LAPU-LAPU CITY (OPON)	Province/State/Country <i>(if abroad)</i> CEBU			ZIP Code 6015
*PREFERRED MAILING ADDRESS					
<input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					
				<i>(Indicate country code if abroad)</i> COUNTRY + AREA CODE TELEPHONE NUMBER Home [] Cell Phone 0910 2544210 Business (Direct Line) [] Business (Trunk Line) Local [] Email Address jonahmariedano@yahoo.com	

PRESENT EMPLOYMENT DETAILS (If with more than one employer, use separate sheet and follow format below)

*EMPLOYER/BUSINESS NAME			MONTHLY INCOME	0.00
			Basic	
			+ Allowances/Others	0.00
			= Total Mo. Income	0.00
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.			*TYPE OF WORK (For OFWs only) <input type="checkbox"/> Land-based (Pls. specify country of assignment) <input type="checkbox"/> Sea-based (Pls. specify manning agency)	
Street Name Subdivision Barangay				
Municipality/City Province *State/Country (If abroad) ZIP Code			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
*OCCUPATION		*EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Project-based		*DATE EMPLOYED (Month, Year)

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP (Use another sheet if necessary)

EMPLOYER/BUSINESS NAME SSI PHILIPPINES INCORPORATED			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS PIPC BUILDING MEPZ II			FROM 0 7 2 0 1 6 m m y y y y	TO m m y y y y
EMPLOYER/BUSINESS NAME			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS			FROM m m y y y y	TO m m y y y y
EMPLOYER/BUSINESS NAME			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS			FROM m m y y y y	TO m m y y y y

HEIRS (In case of death, Fund benefits shall be divided among the member's heirs in accordance with the New Civil Code as amended by the New Family Code) (Use another sheet if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME <small>(Check only if applicable)</small>	RELATIONSHIP	DATE OF BIRTH
DANO	BENJAMIN	III	GANIA	<input type="checkbox"/>	FATHER	0 3 1 3 1 9 5 7 m m d d y y y y
DANO	ARTEMIA		CALACAR	<input type="checkbox"/>	MOTHER	1 0 1 8 1 9 5 9 m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

_____ 7/2/2016
 SIGNATURE OF MEMBER DATE

FOR Pag-IBIG FUND USE ONLY	
RECEIVED BY	DATE

DISCLAIMER: Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.