



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
REGISTRATION TRACKING NUMBER											
<b>919242280566</b>											

### 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.

<b>*OCCUPATIONAL STATUS</b>		<input checked="" type="checkbox"/> EMPLOYED		<input 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"/> 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, <i>Please specify</i>	
	<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 <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER	LADO	JASON		CORBETA	<input type="checkbox"/>
FATHER	LADO	ABNER		AMIL	<input type="checkbox"/>
*MOTHER <i>(Maiden Name)</i>	CORBITA	JEBE		SANCHEZ	<input type="checkbox"/>
*SPOUSE <i>(If Married)</i>					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	LADO	JASON		CORBETA	<input type="checkbox"/>
*DATE OF BIRTH	*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
0 9 2 3 1 9 9 8	<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled				
<i>m m d d y y y y</i>	<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		
CEBU CITY, CEBU	FILIPINO		0 6 4 3 4 7 4 6 6 6		
*SEX	HEIGHT	WEIGHT	EMPLOYEE NUMBER		
<input checked="" type="checkbox"/> Male	170 (cm)	60 (kg)			
<input type="checkbox"/> Female			For AFP/PNP Employee, Serial/Badge No.		
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i>	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		For DepEd Employee, Division Code-Station Code		
	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <i>(If payment of MS is not thru payroll deduction)</i>				
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually				
	<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually				
ADDRESS AND CONTACT DETAILS					
*PERMANENT HOME ADDRESS					<i>(Indicate country code if abroad)</i>
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	COUNTRY + AREA CODE TELEPHONE NUMBER
Subdivision	Barangay <b>POBLACION</b>	Municipality/City <b>CEBU CITY</b>	Province/State/Country <i>(if abroad)</i> <b>CEBU</b>	ZIP Code <b>6000</b>	Home
*PRESENT HOME ADDRESS					Cell Phone
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Business (Direct Line)
Subdivision	Barangay <b>POBLACION</b>	Municipality/City <b>CEBU CITY</b>	Province/State/Country <i>(if abroad)</i> <b>CEBU</b>	ZIP Code <b>6000</b>	Business (Trunk Line) Local
*PREFERRED MAILING ADDRESS					Email Address
<input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					<b>jasoncorbitalado@gmail.com</b>

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

**PRESENT EMPLOYMENT DETAILS** (If with more than one (1) employer, use separate sheet and follow format below)

<b>*OCCUPATION</b> <b>CUSTOMER SERVICE REPRESENTATIVES</b>	<b>EMPLOYMENT STATUS</b> <input checked="" type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Project-based	<b>TYPE OF WORK</b> (For OFW only) (Pls. specify country of assignment) <input type="checkbox"/> Land-based _____ <input type="checkbox"/> Sea-based _____
<b>*EMPLOYER/BUSINESS NAME</b> (For Formally Employed, OFW and Self-employed Professional/Business Owner) <b>EMPLOY STAFFING SOLUTIONS</b>		<b>MONTHLY INCOME</b> Basic _____ + _____ Allowances/Others _____ = _____ Total Mo. Income _____
<b>*EMPLOYER/BUSINESS ADDRESS</b> (For Formally Employed, OFW and Self-employed Professional/Business Owner) Unit/Room No., Floor      Building Name      Lot No., Block No., Phase No. House No.		<b>OFFICE ASSIGNMENT</b> <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
Street Name      Subdivision      Barangay	Municipality/City      Province      State/Country (If abroad)      ZIP Code <b>CEBU CITY</b> <b>CEBU</b> _____ <b>6000</b>	<b>DATE EMPLOYED</b> (Month, Year) <b>August 2019</b>

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

EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____																				
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**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 (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH												
				<input type="checkbox"/>		<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td><td style="width:25%;"> </td></tr> <tr><td style="text-align: center;">m</td><td style="text-align: center;">m</td><td style="text-align: center;">d</td><td style="text-align: center;">d</td></tr> <tr><td style="text-align: center;">y</td><td style="text-align: center;">y</td><td style="text-align: center;">y</td><td style="text-align: center;">y</td></tr> </table>					m	m	d	d	y	y	y	y
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I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

\_\_\_\_\_      **08/30/2019**  
 SIGNATURE OF MEMBER      DATE

**FOR Pag-IBIG FUND USE ONLY**

<b>RECEIVED BY</b>  _____ <i>Signature over Printed Name</i>	<b>DATE</b>  _____ <i>Designation/Position</i>
_____ <i>Branch/Unit</i>	

**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.