



MEMBER'S DATA FORM (MDF)

MEMBER'S ID NUMBER					
1	2	1	1	2	2
2	2	6	3	5	9
7	6	REGISTRATION TRACKING NUMBER			

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 of re-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 "OCCUPATIONAL" portion, indicate your job, profession, or type of work to earn a living.
8. On the "MEMBER" 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 (MCOF, HQP-PFF-043) and submit to any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS		<input checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED	
MEMBER'S RP CATEGORY					
MANDATORY			VOLUNTARY		
<input checked="" type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> SELF-EMPLOYED (SE)		<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT	
<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER		<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)		<input type="checkbox"/> JOB ORDER PERSONNEL		<input type="checkbox"/> NON-WORKING SP/OU/SE	
		<input type="checkbox"/> OTHER EARNING GROUPS (OEG)		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	
				<input type="checkbox"/> MEMBER INVESTOR/LESSOR	
				<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION	
				<input type="checkbox"/> OVERSEAS FILIPINO SEAMANT	
				<input type="checkbox"/> OTHERS. Please specify:	
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (where applicable only)
*MEMBER	TAN	JADE		CENIZA	<input type="checkbox"/>
FATHER	TAN	EUGENE		GO	<input type="checkbox"/>
*MOTHER (please print)	CENIZA	JOSEFINA		MABANO	<input type="checkbox"/>
*SPOUSE (if married)					<input type="checkbox"/>
MEMBER'S HOME AS APPEARED IN YOUR CURRENT DOCUMENTS	TAN	JADE		CENIZA	<input type="checkbox"/>
*DATE OF BIRTH		*MARRIAGE STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
12 15 1993		<input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		465 129 864	
*PLACE OF BIRTH (city/municipality/Province/Country) <i>Please indicate country if born outside the Philippines</i>		*CITIZENSHIP		SSS/GSIS NUMBER	
CEBU CITY		FILIPINO		0635633910	
*SEX	HEIGHT	WEIGHT	*PROMINENT DISTINGUISHING FACIAL FEATURES (E.g. scars, etc.)		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	(cm)	(kg)	N/A		
COMMON REFERENCE NUMBER (CRN) (If Available)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (if payment of MS is not full paid/deduction)		EMPLOYEE NUMBER	
		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		For AFP/POP Employee, Detail/Edge No. For Civilian 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 BANAWA				COUNTRY - AREA CODE TELEPHONE NUMBER	
Subdivision, Barangay, Municipality/City, Province/State/Country (if abroad), ZIP Code				HOME	
PASEO LABANGON CEBU CITY PHILIPPINES 6000				Cell Phone	
*PRESENT HOME ADDRESS				Business (Direct Line)	
Unit/Room No., Floor, Building Name, Lot No., Block No., Phase No., House No., Street Name BANAWA				Business (Trunk Line) LOCAL	
Subdivision, Barangay, Municipality/City, Province/State/Country (if abroad), ZIP Code				Credit Address	
PASEO LABANGON CEBU CITY PHILIPPINES 6000					
*PREFERRED MAILING ADDRESS					
<input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					