



# MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER											
1	2	1	1	7	0	7	1	7	8	4	9
REGISTRATION TRACKING NUMBER											
9161-7812-0244											

- 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**

<b>MANDATORY</b>		<b>VOLUNTARY</b>	
<input 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	SANTISO	MARK JASON		MACARANDAN	<input type="checkbox"/>
FATHER	SANTISO	GERUNDIO			<input type="checkbox"/>
*MOTHER (Maiden Name)	MACARANDAN	ROSARIO			<input checked="" type="checkbox"/>
*SPOUSE (If Married)					<input checked="" type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

<b>*DATE OF BIRTH</b> 04 05 1993 <small>m m d d y y y y</small>	<b>*MARITAL STATUS</b> <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	<b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b> [ ]
<b>*PLACE OF BIRTH (City/Municipality/Province/Country)</b> (Please indicate country if born outside the Philippines) Tausogon City	<b>*CITIZENSHIP</b> Filipino	<b>SSS/GSIS NUMBER</b> [ ]
<b>*SEX</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<b>PROMINENT DISTINGUISHING FACIAL FEATURES</b> (Ex. Moles, Scars, etc.) 2 moles in my face	<b>EMPLOYEE NUMBER</b> [ ]
<b>HEIGHT</b> [ ] [ ] [ ] (cm)	<b>WEIGHT</b> 65 (kg)	<b>For AFP/PNP Employee, Serial/Badge No.</b> [ ]
<b>COMMON REFERENCE NUMBER (CRN)</b> (If Available) [ ]	<b>FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT</b> (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	<b>For DepEd Employee, Division Code-Station Code</b> [ ]

**ADDRESS AND CONTACT DETAILS**

<b>*PERMANENT HOME ADDRESS</b> Unit/Room No., Floor   Building Name   Lot No., Block No., Phase No.   House No   Street Name Subdivision   Barangay   Municipality/City   Province/State/Country (if abroad)   ZIP Code	<b>(Indicate country code if abroad)</b> COUNTRY + AREA CODE   TELEPHONE NUMBER Home Cell Phone Business (Direct Line) Business (Trunk Line)   Local Email Address
Building Name: HUPIT Along-aling   2nd flr Municipality/City: UST Province/State/Country: Philippines ZIP Code: 1013	COUNTRY + AREA CODE: +639 TELEPHONE NUMBER: 158521617 Home: [ ] Cell Phone: +639 [ ] Business (Direct Line): [ ] Business (Trunk Line): [ ] Local: [ ] Email Address: [ ]
<b>*PRESENT HOME ADDRESS</b> Unit/Room No., Floor   Building Name   Lot No., Block No., Phase No.   House No   Street Name Subdivision   Barangay   Municipality/City   Province/State/Country (if abroad)   ZIP Code	
Building Name: Alicia Rm 501, 5th flr Municipality/City: Talanghan Province/State/Country: Cebu City ZIP Code: 6000	
<b>*PREFERRED MAILING ADDRESS</b> <input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	