

## **MEMBER'S DATA** FORM (MDF)

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1	-	-	-	Percentage of the	-	9	4	1	0	5	7	8

## 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.
- 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.
- 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.

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*OCCUPATIONAL STAT	US IX EMPLO		O/ NOT YET EMPLOYED				
MANDATODY		*MEMBERSHIP CATEGORY		AREATH PERSONAL SERVICE			
MANDATORY  X EMPLOYED PRIVATE	C EMPLO	YED GOVERNMENT TOVERSEAS FI	LIPINO WORKER (OFW) T SELF-EN	ADLOVED (OF)			
VOLUNTARY	1 EMILEO	TED GOVERNMENT   OVERSEAS FI	LIPINO WORKER (OFW)   SELF-EN	MPLOYED (SE)			
EMPLOYED    EMPLOYED FOREIGN GOV   BARANGAY OFFICIAL/EMP	PRIMENT NON-W		NVESTOR/LESSOR FOTHERS OOPERATIVE/TRADE UNION Please s				
Andrew Color of the second	LAST NAME	FIRST NAME EXT	AME ENSION MIDDLE NAME : Jr., II)	NO MIDDLE NAME (check if applicable only)			
*MEMBER	MIQUILA	JOHN CARLO	AUGUSTO	, as a distance of the same as a			
FATHER	MIQUILA	CONRADO	GOZON	Г			
*MOTHER (Maiden Name)	AUGUSTO	MA CICELIA	ABELES	Г			
*SPOUSE (If Married)	. All		NO 1922				
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	MIQUILA	JOHN CARLO	AUGUSTO	Г			
*DATE OF BIRTH		*MARITAL STATUS	TAXPAYER IDENTIFICA	TION NUMBER (TIN)			
1 0 1 2 1 mm dd yyyy	9 9 5	Single/Unmarried  Widow/er  Married  Legally Separated	Annulled 3 2 7 6 1	The state of the s			
*PLACE OF BIRTH (City/Mul (Please indicate country if born SIPALAY, NEGROS	outside the Philippines)	*CITIZENSHIP  FILIPINO	SSS/GSIS NUMBER  0 6 3 8 1 4	1 6 0 3			
*SEX HEIGHT   X Male   173 (cr	WEIGHT  m)55 (kg)	PROMINENT DISTINGUISHING FACIAL FEA (Ex. Moles, Scars, etc.)	2 0 4 7 6 5	0			
COMMON REFERENCE NU (If Available)		FREQUENCY OF MEMBERSHIP SAVING PAYMENT (If payment of MS is not thru payroll	deduction)				
		Monthly Semi-Annually Annually	For DepEd Employee, Divis	sion Code-Station Code			
Productive integration in a productive series which is a productive of the series of t	And the second s	ADDRESS AND CONTACT DETAI	LS	Service and the service of the service of			
*PERMANENT HOME ADDI Unit/Room No., Floor Buildin	ng Name Lot No., Block	k No., Phase No. House No. Street Name 9	(Indicate country code if abroa	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER			
	elpality/City Province/State BU CITY CEBU		ZIP Code 6000 Cell Phone				
*PRESENT HOME ADDRES Unit/Room No., Floor Buildin			0943 5325182				
		43-C SI	Business (Direct Line)				
	ipality/City Province/Stat  BU CITY  CEBU	a/Country(if abroad)	ZIP Code Business (Trunk Line)	Business (Trunk Line) Local			
*PREFERRED MAILING AD	DRESS		Email Address				
N Present Home Address □	Permanent Home Add	ress F Employer/Business Address	johncarloaugustomiquila	@yahoo.com.ph			