



MEMBER'S DATA FORM (MDF)

FOR HDMF USE ONLY	
Pag-IBIG MID No.	121108911934
Registration Tracking No.	914027052598

INSTRUCTIONS

- The Member's Data Form (MDF) shall be accomplished in two(2) copies.
- Type or print all entries in BLOCK or CAPITAL LETTERS.
- The 'NAME EXTENSION' shall refer to JR., II, III and the like.
- Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
- Accomplish only the 'PERMANENT HOME ADDRESS' if it is different with the 'PRESENT HOME ADDRESS'.
- On the 'BENEFICIARIES' portion, the provision on the intestate Succession, as Provided in the New Family Code shall be observed.
 - SINGLE - Mother, Father, Brother and/or Sister.
 - MARRIED - Spouse, Son, Daughter, Mother and Father
- Submit MDF in two (2) copies and present at least one (1) valid primary ID.
- For any subsequent change of information, please secure and accomplish two (2) copies of the Member's Change of Information Form (MCIF) [FPF110] and submit to the concerned HDMF Branch.

MEMBERSHIP CATEGORY <input checked="" type="checkbox"/> EMPLOYED PRIVATE <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> NOT YET EMPLOYED <input type="checkbox"/> EMPLOYED GOVERNMENT <input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW) <input type="checkbox"/> INDIVIDUAL PAYOR																																					
	<table border="1"> <thead> <tr> <th></th> <th>LAST NAME</th> <th>FIRST NAME</th> <th>NAME EXTENSION (e.g. Jr., II)</th> <th>MIDDLE NAME</th> <th>NO MIDDLE NAME (check if applicable only)</th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>DE DIOS</td> <td>ALMIRA</td> <td></td> <td>BACALTOS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>FATHER</td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MOTHER (Maiden Name)</td> <td>DE DIOS</td> <td>ANALIE</td> <td></td> <td>BACALTOS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SPOUSE (If Married)</td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE</td> <td>DE DIOS</td> <td>ALMIRA</td> <td></td> <td>BACALTOS</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)	MEMBER	DE DIOS	ALMIRA		BACALTOS	<input type="checkbox"/>	FATHER					<input type="checkbox"/>	MOTHER (Maiden Name)	DE DIOS	ANALIE		BACALTOS	<input type="checkbox"/>	SPOUSE (If Married)					<input type="checkbox"/>	MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	DE DIOS	ALMIRA		BACALTOS	<input type="checkbox"/>
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DATE OF BIRTH JUNE 23, 1995	MARITAL STATUS SINGLE	TAXPAYERS IDENTIFICATION NO.																																			
PLACE OF BIRTH ROXAS, PALAWAN	CITIZENSHIP FILIPINO	SSS NUMBER 0634842948																																			
SEX FEMALE	PROMINENT DISTINGUISHING FACIAL FEATURES	GSIS NUMBER																																			
COMMON REFERENCE NUMBER (CRN) (If Available)		EMPLOYEE NUMBER																																			
PRESENT HOME ADDRESS		For AFP/PNP Employee, Serial/Badge No.																																			
Unit/Floor/Room No.	Building	For DECS Employee, Division Code-Station Code																																			
Lot No.	Block No.	Phase No.	House No.	Street	CONTACT DETAILS																																
	473			BURGOS STREET	(Indicate country code if abroad)																																
Subdivision	Barangay	COUNTRY + AREA CODE TELEPHONE NUMBER																																			
	ALANG-ALANG	Home																																			
Municipality/City	Province/State(if abroad)	Cell Phone																																			
MANDAUE CITY	CEBU	+63 0943 5406717																																			
Country (if abroad)	ZIP Code	Business (Direct Line)																																			
PHILIPPINES	6014	Business (Trunk Line)																																			
		Email Address																																			
		raflesia_kninedog@yahoo.com																																			

1/27/14

PERMANENT HOME ADDRESS

Unit/Floor/Room No.	Building	Lot No.	Block No.	Phase No.
			473	
House No.	Street	Subdivision	Barangay	
	BURGOS STREET		ALANG-ALANG	
Municipality/City	Province	Zip Code		
MANDAUE CITY	CEBU	6014		
PREFERRED MAILING ADDRESS	<input checked="" type="checkbox"/> Present Home Address	<input type="checkbox"/> Permanent Home Address	<input type="checkbox"/> Employer/Business Address	

EMPLOYMENT/BUSINESS DETAILS

EMPLOYER/BUSINESS NAME PEOPLE SUPPORT PHILS INC		EMPLOYMENT STATUS <input checked="" type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Casual <input type="checkbox"/> Project-based <input type="checkbox"/> Part-time/Temporary	
EMPLOYER/BUSINESS ADDRESS		DATE STARTED JANUARY 2014	
Unit/Floor/Room No.	Building E-OFFICE 1	MONTHLY INCOME	
Lot No.	Block No.	Phase No.	House No.
Subdivision ASIATOWN IT PARK	Barangay LAHUG	Basic	5,000.00
Municipality/City CEBU CITY	Province/State(if abroad) CEBU	Allowances/Others	0.00
Country (if abroad) PHILIPPINES	ZIP Code 6000	Gross	5,000.00
MANNING AGENCY (To be accomplished by the seafarers only)		OCCUPATION MISCELLANEOUS SALES REPRESENTATIVES, SERVICES	
		TYPE OF WORK (For OFWs only) <input type="checkbox"/> Land-based <input type="checkbox"/> Sea-based	
		ASSIGNED COUNTRY (Land-based only)	

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG FUND MEMBERSHIP

EMPLOYER/BUSINESS NAME UNITOP	FROM DECEMBER 2013	TO JANUARY 2014
EMPLOYER/BUSINESS ADDRESS 184 OSMENA BLVD. CEBU CITY	FROM SEPTEMBER 2011	TO JUNE 2012
EMPLOYER/BUSINESS NAME PRIME CENTER FOUNDATION		
EMPLOYER/BUSINESS ADDRESS IBABAO ESTANCIA MANDAUE CITY		

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

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH
DE DIOS	JHULIAN		NM N	<input checked="" type="checkbox"/>	BROTHER	OCTOBER 4, 2003
				<input type="checkbox"/>		
				<input type="checkbox"/>		

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

SIGNATURE OF MEMBER

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.*