

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

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į	A SECURITY OF THE OWNER OF THE PROPERTY OF THE OWNER OW						
	Pag-IBIG MID NUMBER						
	1212 1205 4718						
	REGISTRATION TRACKING NUMBER						
	917292345599						

## INSTRUCTIONS

- 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
- 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.

  7. On the "OCCUPATION" portion, indicate occupation based on the List of Occupation, as provided in the Philippine Standard Occupational Classification
  - 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,
  - 9. 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.

birth certificate.								
*OCCUPATIONAL STATE	US EMPLOY		<b>■UNEMPLOYED</b>	NOT YET EM	IPLOYED			
*MEMBERSHIP CATEGORY								
MANDATORY  EMPLOYED PRIVATE	ET CAND ON	ED COVERNMENT	OVERSEAS FILIPINO WORKER (OFW) SELF-EMPLOYED (SE)					
VOLUNTARY	E EMPLOY	ED GOVERNMENT OVERSEAS FILIPINO WORK			EN COLMA) FINE COL	www.(What.		
EMPLOYED INDIVIDUAL PAYOR (IP)								
EMPLOYED FOREIGN GOV	ERNMENT 🔃 NON-WO	ORKING SPOUSE 📑 PENSIONER/INVESTOR/LES			SOR OTHERS RADE UNION Please specify			
NAME								
	LASTNAME	FIRŞT NAME:	· · · · · EXTE	NSION	MILIPLE BANE	DMIDDLE NAME:		
		(e.g. (ln, il))						
*MEMBER	BRILLO	JIA GAY ANDREA			ALCOBER			
CATUED	2201.0	MODETO		<u></u>	GONZAGA	i v		
FATHER	BRILLO	MODESTO			UVIYZAUA	E.J. V		
*MOTHER (Maiden Name)	ALCOBER	THELMA			ATUPAN	<b>1</b>		
·			-			part .		
*SPOUSE (If Married)								
MEMBER'S NAME AS	0201.0	A CAVANDO	IF A		ALCOBER			
APPEARING IN THE BIRTH CERTIFICATE	BRILLO	JIA GAY ANDREA *MARITAL STATUS			ALCOBER			
*DATE OF BIRTH			TAXPAYER IDENTIFICATION	NUMBER (TIN)				
0 6 2 2 3 3 1	9 9 4	Single/Unmarried Widow/er Annulled Married Legally Separated						
	ууу		SSS/GSIS NUMBER	* * *				
*PLACE OF BIRTH (City/Mu (Please indicate country if born	micipality/Province/Country) outside the Philippines)		3 3 9					
PALO, LE	•	TUPINO						
*SEX HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES			EMPLOYEE NUMBER			
Male .		(Ex. Moles, Scars, etc.)						
	m) (kg)	FREQUENCY OF MEMBERSHIP SAVINGS (MS)			For AFP/PNP Employee, Serial/Badge No.			
COMMON REFERENCE N (If Available)	UMBER (UKN)	PAYMENT (If payment of MS is not thru payroll deduction)						
(11 Avancano)		Monthly Semi-Annually			For DepEd Employee, Division Code-Station Code			
			nnually	٠				
*PERMANENT HOME ADD	APESS				(Indicate country code if abroad)	and the same of th		
Unit/Room No., Floor Build	COUNTRY + AREA CODE TEL	EPHONE NUMBER						
		100		ZIP Code	Home			
Barangay Mun	LANGALANG	te/Country (if abroad)						
	LEYTE			6517	Cell Phone			
*PRESENT HOME ADDRE	ESS	ir Na - Obaca Na - Harisa Ma-	Street Name	Subdivision	0977 1046039			
Unit/Room No., Floor Build	ding Name Lot No., Bloc	Ontratal()11	Business (Direct Line)					
Barangay Mun	icipality/City Province/Sta	te/Country (if abroad)		ZIP Code				
	LANGALANG	- Alexandria (n. santal		6517	Business (Trunk Line)	Local		
	LEYTE		····	7160				
*PREFERRED MAILING A		Email Address						
☐ Present Home Address ☐ Permanent Home Address ☐ Employer/Business Address ☐ jiageiandurea@gmail.com								
(V05, 02/2016)								