



## MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY
Pag-IBIG MID NUMBER
<b>1212-6234-1039</b>
REGISTRATION TRACKING NUMBER
<b>919311474533</b>

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED	
MEMBERSHIP CATEGORY			
	LAST NAME	FIRST NAME	NAME EXTENSION
MEMBER	ROMARES	DALA TRAE HYACINTH	SERENO
FATHER			
MOTHER (Maiden Name)	ROMARES	JOAN MACULADA	SERENO
SPOUSE (if Married)			
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ROMARES	DALA TRAE HYACINTH	SERENO
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)
02/23/2000	SINGLE		SSS NUMBER
PLACE OF BIRTH	CITIZENSHIP		OSIS NUMBER
CEBU, CEBU PHILIPPINES	FILIPINO		
SEX	HEIGHT (cm.)	WEIGHT (kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES
FEMALE	000	000	
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT	EMPLOYEE NUMBER
			For AFP/PNP Employee, Serial/Radge No. For DepEd Employee, Division Code-Station Code

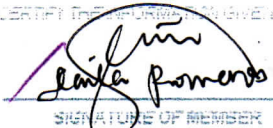
ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS					COUNTRY - AREA CODE - TELEPHONE NUMBER
Unit/Room No., Floor		Building Name			HOME
Lot No.	Block No.	Phase No.	Street Name	Telephone	
			CEBU		434-0113-820454
Subdivision		Barangay			BUSINESS (DIRECT LINE)
		SANGALAYAN			
Municipality/City		Province/State/Country			BUSINESS (TRUNK LINE)
CEBU CITY		CEBU, PHILIPPINES			
ZIP Code		E-MAIL ADDRESS			
6000					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Phase No.	
Lot No.	Block No.	Subdivision	Barangay		
		SANGALAYAN	SANGALAYAN		
Municipality/City		Province/State/Country			Zip Code
CEBU CITY		CEBU, PHILIPPINES			6000
PREFERRED MAILING ADDRESS					
PRESENT HOME ADDRESS					

PRESENT EMPLOYMENT DETAILS						
OCCUPATION			EMPLOYMENT STATUS	TYPE OF WORK		
EMPLOYER/BUSINESS NAME				COUNTRY OF ASSIGNMENT		
EMPLOYER/BUSINESS ADDRESS				MANNING AGENCY		
Unit/Room No., Floor		Building Name		MONTHLY INCOME		
Let. No.	Block No.	Phase No.	House No.	Street Name	Basic	
Subdivision			Barangay		Allowance/Others	
Municipality/City		Province		TOTAL INCOME		
State/Country (if abroad)				ZIP Code	OFFICE ASSIGNMENT	
				DATE EMPLOYED		

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG FUND MEMBERSHIP		
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT
EMPLOYER/BUSINESS ADDRESS		FROM TO

HEIRS						
LASTNAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH

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

  
 SIGNATURE OF MEMBER

DATE

FOR Pag-IBIG FUND USE ONLY			
RECEIVED BY	DATE		
Signature over Printed Name	Designation/Position	Branch/Unit	

**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.