

MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER
1211 7707 2062

REGISTRATION TRACKING NUMBER
916207703226

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 birth certificate.
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.
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.

*OCCUPATIONAL STATUS		<input checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED	
*MEMBERSHIP CATEGORY					
MANDATORY		<input checked="" type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> EMPLOYED GOVERNMENT	
				<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	
				<input type="checkbox"/> SELF-EMPLOYED (SE)	
VOLUNTARY					
EMPLOYED		INDIVIDUAL PAYOR (IP)		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	
<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT		<input type="checkbox"/> NON-WORKING SPOUSE		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION	
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> OTHERS <i>Please specify</i>	
	LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER	PODA	RHIA MAY		DEBOSO	<input type="checkbox"/>
FATHER	PODA	KENATO		LAYES	<input type="checkbox"/>
*MOTHER (Maiden Name)	DEBOSO	JOSEPHINE		VILLAVECA	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE		PODA, RHIA MAY, DEBOSO			
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
05 10 1993		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled		436361285	
		<input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		SSS/GSIS NUMBER	
*PLACE OF BIRTH (City/Municipality/Province/Country) <i>(Please indicate country if born outside the Philippines)</i>		*CITIZENSHIP		0727356689	
BACOLOD CITY, NEG- OCC.		FILIPINO		EMPLOYEE NUMBER	
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		
<input checked="" type="checkbox"/> Female	5'1" (cm)	42 (kg)	N/A		
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i>		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <i>(If payment of MS is not thru payroll deduction)</i>		For AFP/PNP Employee, Serial/Badge No.	
		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually			
		<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		For DepEd Employee, Division Code-Station Code	
ADDRESS AND CONTACT DETAILS					
*PERMANENT HOME ADDRESS				(Indicate country code if abroad)	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No. House No.	Street Name	Subdivision	COUNTRY + AREA CODE TELEPHONE NUMBER
		LOT 7, BLK 17, MAHOLAN	STREET, ABKALA		Home
Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>		ZIP Code	Cell Phone
MANDALALAN	BACOLOD CITY	NEGROS OCC., PHILIPPINES			639 15-110-5363
*PRESENT HOME ADDRESS				Business (Direct Line)	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No. House No.	Street Name	Subdivision	
		LOT 7, BLK 17, MAHOLAN	STREET, ABKALA		Business (Trunk Line) Local
Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>		ZIP Code	
MANDALALAN	BACOLOD CITY	NEGROS OCCIDENTAL, PHILIPPINES			Email Address
*PREFERRED MAILING ADDRESS					
<input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

(V05, 02/2016)

7/25/14