



# MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER

212 4743 2585

REGISTRATION TRACKING NUMBER

9191-0258-1282

### INSTRUCTIONS

- 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.
- Type or print all entries in BLOCK or CAPITAL LETTERS.
- All fields marked with asterisk (\*) are mandatory.
- On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
- 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.
- On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
- 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 any Pag-IBIG Branch nearest you.

\*OCCUPATIONAL STATUS  EMPLOYED  UNEMPLOYED/NOT YET EMPLOYED

MEMBERSHIP CATEGORY

<b>MANDATORY</b>	<b>VOLUNTARY</b>
<input type="checkbox"/> EMPLOYED PRIVATE <input type="checkbox"/> EMPLOYED GOVERNMENT <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT <input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP <input type="checkbox"/> PENSIONER/INVESTOR/LESSOR
<input type="checkbox"/> SELF-EMPLOYED (SE) <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER <input type="checkbox"/> JOB ORDER PERSONNEL <input type="checkbox"/> OTHER EARNING GROUPS (OEGs)	<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION <input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT <input type="checkbox"/> OTHERS, Please specify

### PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	ABELWANDA	WILBURN	VERSION	CAÑETE	<input type="checkbox"/>
FATHER	ABELWANDA	LINDEL		QUINO	<input type="checkbox"/>
*MOTHER (Maiden Name)	CAÑETE	EVA		QUINDAD	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>

MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE

\*DATE OF BIRTH  
06 04 2001

\*PLACE OF BIRTH (City/Municipality/Provincial/Country)  
(Please indicate country if born outside the Philippines)  
JANGL, TOLEDO CITY

\*SEX  Male  Female  
HEIGHT 168 (cm) WEIGHT 52 (kg)

COMMON REFERENCE NUMBER (CRN)  
(If Available)

\*MARITAL STATUS  
 Single/Unmarried  Widower  Annulled  
 Married  Legally Separated

\*CITIZENSHIP  
FILIPINO

PROMINENT DISTINGUISHING FACIAL FEATURES  
(Ex. Moles, Scars, etc.)

FREQUENCY OF MEMBERSHIP SAVINGS (MS)  
PAYMENT (If payment of MS is not thru payroll deduction)  
 Monthly  Semi-Annually  
 Quarterly  Annually

TAXPAYER IDENTIFICATION NUMBER (TIN)

SSS/GSIS NUMBER  
069271125-2

EMPLOYEE NUMBER

For AFP/PNP Employee, Serial/Badge No.

For DepEd Employee, Division Code-Station Code

### ADDRESS AND CONTACT DETAILS

\*PERMANENT HOME ADDRESS  
Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name

Subdivision Barangay Municipality/City Provincial/State/Country (if abroad) ZIP Code  
PITOGO CONSOLACION CEBU 6001

\*PRESENT HOME ADDRESS  
Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name

Subdivision Barangay Municipality/City Provincial/State/Country (if abroad) ZIP Code  
PITOGO CONSOLACION CEBU 6001

\*PREFERRED MAILING ADDRESS  
 Present Home Address  Permanent Home Address  Employer/Business Address

(Indicate country code if abroad)  
COUNTRY + AREA CODE TELEPHONE NUMBER

Home

Cell Phone

Business (Direct Line)

Business (Trunk Line) Local

Email Address

