



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	
1212	09417112
REGISTRATION TRACKING NUMBER	
917253836573	

### 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)	
VOLUNTARY					
<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT		<input type="checkbox"/> INDIVIDUAL PAYOR (IP)		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> NON-WORKING SPOUSE		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION	
<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	PERFAS	KARL KENNETH		FUTO	<input type="checkbox"/>
FATHER	PERFAS	ELMER		LABIANA	<input type="checkbox"/>
*MOTHER (Maiden Name)	FUTO	LORETA		HISPANO	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	KARL KENNETH	PERFAS		FUTO	<input type="checkbox"/>
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
1 2 2 1 1 9 9 4 <i>m m d d y y y y</i>		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
*PLACE OF BIRTH (City/Municipality/Province/Country) <i>(Please indicate country if born outside the Philippines)</i>		*CITIZENSHIP		SSS/GSIS NUMBER	
MANILA, METRO MANILA (NCR)		FILIPINO		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		EMPLOYEE NUMBER
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	174 (cm)	68 (kg)			[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
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	COUNTRY + AREA CODE
Barangay PARADJON	Municipality/City GUBAT	Province/State/Country (if abroad)	MANDOOK STREET	Subdivision	TELEPHONE NUMBER Home
		SORSOGON		4710	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
*PRESENT HOME ADDRESS					Cell Phone
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	0945 3077237
Barangay APAS	Municipality/City CEBU CITY	Province/State/Country (if abroad)	PUROK 6 SITIO SAN MIGUEL	Subdivision	Business (Direct Line)
		CEBU		6000	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
*PREFERRED MAILING ADDRESS					Business (Trunk Line) Local
<input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					Email Address
					ken.perfas2015@gmail.com