



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
1	2	1	1	0	3	8	0	0	1	9	2
REGISTRATION TRACKING NUMBER											
916281037722											

### 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	
<b>*MEMBERSHIP CATEGORY</b>					
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					
<input type="checkbox"/> EMPLOYED		<input type="checkbox"/> 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 <small>Please specify</small>	
	LAST NAME	FIRST NAME	NAME EXTENSION <small>(e.g. Jr., II)</small>	MIDDLE NAME	NO MIDDLE NAME <small>(check if applicable only)</small>
*MEMBER	SANCHEZ	AREL		PABATE	<input type="checkbox"/>
FATHER	SANCHEZ	ARNOLD		MAG-ASO	<input type="checkbox"/>
*MOTHER (Maiden Name)	PABATE	ELVIE		DALOGDOG	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	SANCHEZ	AREL		PABATE	<input type="checkbox"/>
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
0 6 1 3 1 9 9 4		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		4 8 3 6 4 5 9 6 5	
*PLACE OF BIRTH (City/Municipality/Province/Country) <small>(Please indicate country if born outside the Philippines)</small>		*CITIZENSHIP		SSS/GSIS NUMBER	
PAGADIAN CITY, ZAMBOANGA DEL SUR		FILIPINO			
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <small>(Ex. Moles, Scars, etc.)</small>		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	152.4 (cm)	65 (kg)			
COMMON REFERENCE NUMBER (CRN) <small>(If Available)</small>		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <small>(If payment of MS is not thru payroll deduction)</small>			
		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually			
<b>ADDRESS AND CONTACT DETAILS</b>					
*PERMANENT HOME ADDRESS					(Indicate country code if abroad)
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name <small>PO BOX 1-2</small>	Subdivision
Barangay <small>(Municipality)</small>	Municipality/City <small>(State)</small>	Province/State/Country (if abroad)		Street Name	Subdivision
		ZAMBOANGA DEL SUR			ZIP Code 7030
*PRESENT HOME ADDRESS					COUNTRY - AREA CODE TELEPHONE NUMBER Home
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name <small>PO BOX 1-2</small>	Subdivision
Barangay <small>(Municipality)</small>	Municipality/City <small>(State)</small>	Province/State/Country (if abroad)		Street Name	Subdivision
		CEBU			ZIP Code 6014
*PREFERRED MAILING ADDRESS					Cell Phone
<input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					(915) 6805001
					Business (Direct Line)
					Business (Trunk Line) Local
					Email Address
					atlebanche7423@yahoo.com