

MEMBER'S DATA FORM (MDF)

BIG	MI	D NUM	BER						U Parcer	_
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INSTRUCTIONS

- 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 marked with asterisk (*) are mandatory.
- 4. On the "OCCUPATIONAL STATUS" portion, if without employment or purpose 8. On the "HEIRS" portion, the provision on the Laws on Succession, as provided in the New 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.
- 1. Accomplish this form in one (1) copy only. If registration is thru online, the form 6. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
 - 7. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
 - 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 any Pag-IBIG Branch

*OCCUPATIONAL STATUS	ELMBI OVED					
COOCI ATIONAL STATUS	■ EMPLOYED		☐ UNEMPLOYED/I	NOT YET EMPLOY	ED	
		*MEMBERSI	HIP CATEGORY			
MANDATORY	A STATE OF THE STA		VOLUNTARY			
■ EMPLOYED PRIVATE	SELF-EMPLOYE		■ EMPLOYED FOR	REIGN GOVERNME	ENT MEMBER C	F COOPERATIVE/
EMPLOYED GOVERNMENT		IAL/BUSINESS OWNER	BARANGAY OF			
OVERSEAS FILIPINO WORKER (OFW)	JOB ORDER		NON-WORKING		OVERSEAS	FILIPINO IMMIGRAN
WORKER (OFW)	UOTHER EARN	IING GROUPS (OEGs)	MEMBER OF RE		OTHERS, P	lease specify
		DEDSON	PENSIONER/IN	/ESTOR/LESSOR		
		PERSON	AL DETAILS			
NAME	LAST NAM	FIRST N	AIVIC	E EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAM (check if applicable onl
*MEMBER	VILLARANT	E QUEER	NIE		LADRERA	
FATHER	EDWIL	VILLARA	NTE		DOLLOSO	
*MOTHER (Maiden Name)	LADRERA	LOREN	IA		INFEREDO	
*SPOUSE (If Married)				AS THE STORY		
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	VILLARANT	QUEEN	NIE		LADRERA	
*DATE OF BIRTH		*MARITAL STATUS	A COLUMN	TAVE	AVED IDE	
0 9 1 8 1 9 9	7	■ Single/Unmarried \□ \	Vidow/er Annulle	ed TAXP	AYER IDENTIFICAT	ION NUMBER (TIN)
m m d d y y	y y	☐ Married ☐ L	egally Separated			
*PLACE OF BIRTH (City/Municipality	//Province/Country)	*CITIZENSHIP		SSS/G	SSIS NUMBER	
(Please indicate country if born outside MANILA, METRO MANILA		FI	LIPINO			
10EV	WEIGHT			EMPL	OYEE NUMBER	
□ Male		(Ex. Moles, Scars, etc.)	ISHING FACIAL FEA	ATURES		
Female	52 (kg)			For AF	P/PNP Employee, Se	erial/Badge No.
COMMON REFERENCE NUMBER	R (CRN)	FREQUENCY OF MEN	MBERSHIP SAVING			
(If Available)		PAYMENT (If payment of	MS is not thru payroll de		pEd Employee, Divis	ion Code-Station Code
			Semi-Annually Annually			
		ADDRESS AND	CONTACT DETAIL	S	180	
PERMANENT HOME ADDRESS Unit/Room No., Floor Building Nam	a latti si	N- Di		(Indica)	te country code if abroa	ad)
-D	e Lot No., Block	No., Phase No. House No	Street Name VISITACION	Home	TRY + AREA CODE	TELEPHONE NUMBER
Subdivision Barangay SAMBAG 2	Municipality/C	ity Province/State/Countr	y (if abroad) ZIF	P Code		
	CLOU CITT	CEBU	60	000 Cell P	hone	
PRESENT HOME ADDRESS	A PER BURE BOOK			0905	2796436	
Jnit/Room No., Floor Building Nam -D	e Lot No., Block	No., Phase No. House No	Street Name	Busine	ess (Direct Line)	
			VISITACION			
Subdivision Barangay SAMBAG 2	Municipality/C CEBU CITY		y (if abroad) ZIF	P Code Busine	ess (Trunk Line)	Local
		CEBU	6	000		
PREFERRED MAILING ADDRES				STATE OF THE PARTY	Address	
Present Home Address Pern	nanent Home Add	ress	/Business Address	reign	keone 22@gmail.cor	

PRES	ENT EMPLOYMENT DE	TAILS (If with more than	n one (1) employer, use separat	e sheet and follow forms	nt below)		
OCCUPATION CUSTOMER SERVICE REPRESENTATIVE	EMPLOYMENT STA			TYPE OF WORK (For OFW only)			
COSTOMER SERVICE REPRESENTATIVE	Permanent/Regular Casual	☐ Contractual ☐ Project-based	Part-time/ Temporary	☐ Land-based☐ Sea-based	(Pls. specify country of assignment)		
*EMPLOYER/BUSINESS NAME (Fo	or Formally Employed, OFW and	Self-employed Profession	nal/Business Owner)	MONTHLY INC	OME 12,000.00		
TELETECH				Basic	+		
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor	S (For Formally Employed, OFM Building Name FLB CORPORATE CENTER	V and Self-employed Profe Lot No., Block No., Pl	essional/Business Owner) hase No. House No.	Allowances/Of	=		
Street Name	Subdivision	Barangay		OFFICE ASSIG	THE STATE OF THE S		
ARCHBISHOP REYES AVENUE	CEBU BUSINESS PARK			☐ Head Office	■ Branch		
	Province CEBU	State/Country (If abro	ziP Code 6000		ED (Month, Year)		
PREVIOU	US EMPLOYMENT FRO	M DATE OF Pag-IE	BIG Fund MEMBERSH	IIP (Use another sheet	if necessary)		
EMPLOYER/BUSINESS NAME TELETECH				OFFICE ASSIG	NMENT CEBU		
EMPLOYER/BUSINESS ADDRES	SS			FROM 2 2 0	ТО		
EMPLOYER/BUSINESS NAME				OFFICE ASSIG			
EMPLOYER/BUSINESS ADDRES	SS			Head Office	Branch		
EMPLOYER/BUSINESS NAME				m m y y OFFICE ASSIG			
EMPLOYER/BUSINESS ADDRES	SS			☐ Head Office			
				m m y y	y y m m y y y y		
HEIRS (In case of death, Fund benefits sh	hall be divided among the member's	s heirs in accordance with the	e New Civil Code as amended b		, , , , , , , , , ,		
LAST NAME FIRST NA	NAME	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP			
ESGANA REIGN KE	ONE	VILLARANTE		SON	1 2 2 2 2 0 1 5 m m d d y y y y		
					m m d d y y y y		
					m m d d y y y y		
					m m d d v v v v		
UMF-CEBUAYALA		Weeniel. L. Villaronte TURE OF MEMBER	L STATEMENTS MADE 02/11/ DATE	2019	UE AND CORRECT.		
RECEIVED BY		FOR Pag-IBIG FU	IND USE ONLY				
Signature over Printer	d Name				DATE FEB 2 1 2019		
Signature over Printer	u ivame	Designation/Position DISCLA	Bre	nch/Unit	LD / 1 ZOIS		

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.



Republic of the Philippines SOCIAL SECURITY SYSTEM PERSONAL RECORD FOR ISSUANCE OF SS NUMBER

SS NUMBER

06-4245584-8

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT WWW.SSS.gov.ph.
PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND

USE BLACK INK ONLY.			APT L TO B	E EILLED OUT E	Y THE REGIST	DANT				
			AKI I- TO BI	A. PERSONAL	the Real Property lies and the Person Name and Address of the	KANI	40.00			
NAME (LAST	NAME)	(F	IRST NAME)		(MIDDLE NAME)	(SUFFI)	DATE OF	F BIRTH (MMDDYYYY)	
VILLARANTE			WITTENIE LADRERA			TAX IDENTIFICATION NUMBER (IF A			a.1+	
SEX -	CIVIL STATUS		1	5			TAX IDENTIF	CATION	NUMBER (IF	ANY)
Male Femal		☐ Married	Widowed	Legally Separa	city/MUNICIPALITY, PR	COVINCE) (CITY COUNT	RY, If born out	side the P	hilippines)	
FILIPINO	ROLLI	CATHOLIC	The special section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the second section in the second section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section in the section is a section in the s		O, MANIA	(011,00011	KT, II BOIN OUG	3100 1110 1	(mippines)	
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(BARANGAY/DISTRIC	5-D		YMUNICIPALITY)		(PROVINCE)	VISITACION	(COUNTRY)	18 16	ZIP CODE	Park.
CAMBAG T	T		EBU CITY		CEBU		PHILIPPIN	Her.	6000	
AOBILE/CELLPHONE NU		E-MAI	ADDRESS	O an all care	. As family he is	TELEPHONE NUME		CODE+A	REA CODE+ T	TEL: NO.)
0905 279 6	0426 (LAST NAM		griktone 22/0	gmail- Com		(MIDCLE NAME)	3001	(SU	JFFIX)	18.0
	VILLARA			AV FDWIL		Dollaro				
NOTHER'S MAIDEN NAM		CO 1 5 20 CO	ì	(FIRST NAME;		(MIDELE NAME)		(SU	JFFIX)	
	LADRE	M	B. DEPEND	ENT(S)/BENEFIC	IARY/IES		Check this b	ox if usin	ng addition	al sheet
POUSE	(LAST NAM	AE)	(FIRST NA	ME)	(MIDDLE NAME)	(SUEFIX)	DATE O	FBIRTH	(MMDDYYYY)	
		The.	1	O.S.		Char	5475.0	5.010711		
THILD REN	(LAST NAM	E. IX	(FIRST NA	2/6	(MIDDLE NAME)	(SUFFIX)	I 12	1012	(MMDDYYYY)	1116
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LAST NAME		ST NAME)	(MIDDLE NAME)	77	UFFIX)			1 .	1	
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2.										
					WORKER/NON-	WORKING SPOUSE		UNIO)		
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Year Prof./Busines	s Started					Monthly Incom	e of Working	Spouse (P	2)	
	<u>. </u>				ving for membershi und Program?	ip I agree wit	h my spouse	s's memb	bership with	h SSS.
Monthly Earnings		Monthly E	arnings	☐ YES						
					□ NO	SIGNATURE	OVER PRINTED	NAME OF	WORKING S	POUSE
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P	AND THE RESIDENCE OF THE PARTY	CAN SERVICE STATE OF SERVICE STATE STATE OF SERVICE STATE STATE OF SERVICE STATE S		Registry No.	AND ALLEY AND
W M	ovince	BU		20	16 00473
City	y/Municipality			ENGINEER SE	NAMES OF TAXABLE PARTY.
	1. NAME (First) REIGN KEONE	VILLAF	ANTE		GANA
	2. SEX (Male / Female)	3. DATE OF	(Day)	(Month)	(Year)
CH	MALE 4. PLACE OF (Name of Hospital	BIRTH 2		DECEMBER	2015
1	BIRTH VISAYAS COMMU	N/Clinic/Institution/ Barangay) INITY MEDICAL CENTE	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	eña BLVD., CEBU CITY	Province) CEBU
D	5a. TYPE OF BIRTH	56. IF MULTIPLE BIRTH, CH	ILD WAS	5c. BIRTH ORDER (Order of the	birth to 6. WEIGHTAT BIRTH
	(Single, Twin, Triplet, etc.) SINGLE	(First, Second, Third, etc.)		previous live births including fetal death) (First, Second, Third, etc.) FIRST	3200
	7. MAIDEN (First)		Middle)		(Last) gram
М	NAME OUEENIE		LADRE	RA	VILLARANTE
0	8. CITIZENSHIP FILIPINO		9. RE	UGION/RELIGIOUS SECT "ROMAN CATH	HOLIC
H	10a. Total number of 10b. No. of child	dren still 10c. No. of children b		OCCUPATION	12. AGE at the time of
E	children born alive living including	this birth alive but are now 1	dead	NONE	birth (completed ye
R	13 RESIDENCE (House No., St.,	Barangay) (City	//Municipal	ity) (Province)	(Country)
	5-D VISITACION ST. J	ONES AVE. CEBU CITY		CEBU	PHILIPPINES
F	14. NAME (First)	(1)	Aiddle)		(Last)
A	REJIE 15. CITIZENSHIP	16. RELIGION/RELIGIOUS SEC	T	17. OCCUPATION	ESGANA 18. AGE at the time of
H	FILIPINO			4 532 / 14 / 15 / 15 / 15 / 15	birth (completed year
ER	19. RESIDENCE (House No., St.,	ROMAN CATH	ty/Municipa	NONE (Province)	(Country)
R		ONES AVE. CEBU CITY		CEBU	(Country) PHILIPPINES
	2 Nurse 2 Nurse CERTIFICATION OF ATTENDANT AT hereby certify that I attended	T BIRTH (Physician Nuese Midwid	e Traditiona	Righ Attendant Miles etc.)	Others (Specify) the date of birth specified abo
Sin	gnature				
	The second second second second second	C. TAM, M.D.	Addre	CEBU CIT	IUNITY MEDICAL CENTER
1000	le or Position ATTENDIN	Mark Symposium Commission	Date	DEC. 28, 2	
100000	CERTIFICATION OF INFORMANT			REPARED BY	
	I hereby certify that all information correct to my own knowledge and be	on supplied are true and elief.		OM	
8 00000 E	gnature <u>lucerui V.</u>		Signa	ature	mma - nd
3500	ame in Print QUEENIE L			in Print MADELYN	P. JUMAO-AS
	elationship to the Child MC	SWINDSHOOT STORY	Title	or Position MR	D STAFF
Da	5-D VISITACION ST.		Y Date	DEC.	28, 2015
DE HISPHOLIA	RECEIVED BY DEG.	28, 2015	25. RE	GISTERED BY THE CIVIL RE	GISTRAR
122	gnature	h	Sign	ature	#
2000	ame in Print LUZ 7	THE STATE OF THE S	000 1000 1000	e in Print HENRY	P. TOMALABCAD 4
	tle or Position ADMINISTR	March 1990 Company	Title	or Position ASST. CIT	Y CIVIL REGISTRAR
Gi mentident	MARKS/ANNOTATIONS (For	AN 2016 LCRO/OCRG Use Only	Date	000	AN 2016
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LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General

Philippine Statistics Authority

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