



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
REGISTRATION TRACKING NUMBER											
920201230909											

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		<input type="checkbox"/> EMPLOYED		<input checked="" type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED																																					
*MEMBERSHIP CATEGORY																																									
MANDATORY			VOLUNTARY																																						
<input type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> SELF-EMPLOYED (SE)		<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT																																					
<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER		<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION																																					
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)		<input type="checkbox"/> JOB ORDER PERSONNEL		<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT																																					
		<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)		<input type="checkbox"/> OTHERS, <i>Please specify</i>																																					
				<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR																																					
PERSONAL DETAILS																																									
NAME		LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>																																			
*MEMBER		SAMILLANO	JEANELL		FERRER	<input type="checkbox"/>																																			
FATHER		SAMILLANO	JUN		EDANG	<input type="checkbox"/>																																			
*MOTHER <i>(Maiden Name)</i>		FERRER	MARIVIC		CASTILLO	<input type="checkbox"/>																																			
*SPOUSE <i>(If Married)</i>						<input type="checkbox"/>																																			
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE		SAMILLANO	JEANELL		FERRER	<input type="checkbox"/>																																			
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)																																					
<table border="1"> <tr> <td>0</td><td>6</td><td> </td><td> </td><td>2</td><td>5</td><td> </td><td> </td><td>1</td><td>9</td><td>8</td><td>6</td> </tr> <tr> <td><i>m</i></td><td><i>m</i></td><td></td><td></td><td><i>d</i></td><td><i>d</i></td><td></td><td></td><td><i>y</i></td><td><i>y</i></td><td><i>y</i></td><td><i>y</i></td> </tr> </table>		0	6			2	5			1	9	8	6	<i>m</i>	<i>m</i>			<i>d</i>	<i>d</i>			<i>y</i>	<i>y</i>	<i>y</i>	<i>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		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>													
0	6			2	5			1	9	8	6																														
<i>m</i>	<i>m</i>			<i>d</i>	<i>d</i>			<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>																														
*PLACE OF BIRTH <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>		*CITIZENSHIP		SSS/GSIS NUMBER																																					
LABANGAN, ZAMBOANGA DEL SUR		FILIPINO		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																																					
*SEX		HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>																																					
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		157 (cm)	57 (kg)	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																																					
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>		EMPLOYEE NUMBER																																					
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>														<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																									
ADDRESS AND CONTACT DETAILS																																									
*PERMANENT HOME ADDRESS					<i>(Indicate country code if abroad)</i>																																				
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name	COUNTRY + AREA CODE TELEPHONE NUMBER																																				
	UPPER PULACAN	LABANGAN	ZAMBOANGA DEL SUR	PUROK DAHLIA	Home																																				
Subdivision	Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code	0920 4458972																																				
	KASAMBAGAN	CEBU CITY	CEBU	6000	Cell Phone																																				
					0908 6196775																																				
*PRESENT HOME ADDRESS					Business (Direct Line)																																				
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name	Business (Trunk Line) Local																																				
			D-58	UNIVILLE																																					
Subdivision	Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code	Email Address																																				
					jsamillano2525@gmail.com																																				
*PREFERRED MAILING ADDRESS																																									
<input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address																																									

