



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY									
Pag-IBIG MID NUMBER									
1	2	1	2		2	2	6	8	
REGISTRATION TRACKING NUMBER									
918103203598									

### 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.

<b>*OCCUPATIONAL STATUS</b>		<input type="checkbox"/> EMPLOYED		<input checked="" type="checkbox"/> UNEMPLOYED/ NOT YET EMPLOYED	
<b>*MEMBERSHIP CATEGORY</b>					
<b>MANDATORY</b>					
<input type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	
<input type="checkbox"/> SELF-EMPLOYED (SE)					
<b>VOLUNTARY</b>					
<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"/> OTHERS	
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION	
<i>Please specify</i>					
	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>NAME EXTENSION</b> <i>(e.g. Jr., II)</i>	<b>MIDDLE NAME</b>	<b>NO MIDDLE NAME</b> <i>(check if applicable only)</i>
<b>*MEMBER</b>	RIVERA	SHERLYN LOIS		GO	<input type="checkbox"/>
<b>FATHER</b>	RIVERA	SEGUNDO SIMEON		TELLO	<input type="checkbox"/>
<b>*MOTHER</b> <i>(Maiden Name)</i>	GO	SYLVIA		TEJANO	<input type="checkbox"/>
<b>*SPOUSE</b> <i>(If Married)</i>					<input type="checkbox"/>
<b>MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE</b>	RIVERA	SHERLYN LOIS		GO	<input type="checkbox"/>
<b>*DATE OF BIRTH</b>		<b>*MARITAL STATUS</b>		<b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b>	
1 1 2 9 1 9 9 7		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
<input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		<b>*PLACE OF BIRTH</b> <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>		<b>SSS/GSIS NUMBER</b>	
CEBU CITY, CEBU		FILIPINO		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
<b>*SEX</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>PROMINENT DISTINGUISHING FACIAL FEATURES</b> <i>(Ex. Moles, Scars, etc.)</i>		<b>EMPLOYEE NUMBER</b>
<input type="checkbox"/> Male	162 (cm)	55 (kg)	DIMPLES		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
<input checked="" type="checkbox"/> Female					<i>For AFP/PNP Employee, Serial/Badge No.</i>
<b>COMMON REFERENCE NUMBER (CRN)</b> <i>(If Available)</i>		<b>FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT</b> <i>(If payment of MS is not thru payroll deduction)</i>		<i>For DepEd Employee, Division Code-Station Code</i>	
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
		<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
<b>ADDRESS AND CONTACT DETAILS</b>					
<b>*PERMANENT HOME ADDRESS</b>				<i>(Indicate country code if abroad)</i>	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision
			748	TABADA	
Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>		ZIP Code	
MAMBALING	CEBU CITY	CEBU		6000	
<b>*PRESENT HOME ADDRESS</b>				<b>COUNTRY + AREA CODE</b>	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision
			748	TABADA	
Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>		ZIP Code	
MAMBALING	CEBU CITY	CEBU		6000	
<b>*PREFERRED MAILING ADDRESS</b>				<b>TELEPHONE NUMBER</b>	
<input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address				Home	
				32 2608660	
				Cell Phone	
				0933 0269636	
				Business (Direct Line)	
				[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
				Business (Trunk Line) Local	
				[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
				Email Address	
				riverasherlynlois@gmail.com	

**PRESENT EMPLOYMENT DETAILS** (If with more than one (1) employer, use separate sheet and follow format below)

*EMPLOYER/BUSINESS NAME			MONTHLY INCOME	
			Basic _____	
			+ _____	
*EMPLOYER/BUSINESS ADDRESS			Allowances/Others _____	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	= _____	
			Total Mo. Income <u>                    </u>	
Street Name	Subdivision	Barangay	*TYPE OF WORK (For OFWs only)	
			<input type="checkbox"/> Land-based (Pls. specify country of assignment) _____	
			<input type="checkbox"/> Sea-based (Pls. specify manning agency) _____	
Municipality/City	Province	*State/Country (If abroad)	ZIP Code	
			OFFICE ASSIGNMENT	
			<input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
*OCCUPATION	*EMPLOYMENT STATUS		*DATE EMPLOYED (Month, Year)	
	<input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Project-based			

**PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP** (Use another sheet if necessary)

EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT																									
	<input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____																									
EMPLOYER/BUSINESS ADDRESS	FROM	TO																								
	<table border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>							m	m	y	y	y	y	<table border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>							m	m	y	y	y	y
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m	m	y	y	y	y																					

**HEIRS** (In case of death, Fund benefits shall be divided among the member's heirs in accordance with the New Civil Code as amended by the New Family Code) (Use another sheet if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME <small>(Check only if applicable)</small>	RELATIONSHIP	DATE OF BIRTH																				
RIVERA	SEGUNDO SIMEON		TELLO	<input type="checkbox"/>	FATHER	<table border="1" style="width:100%; text-align:center;"> <tr><td>0</td><td>3</td><td> </td><td>0</td><td>3</td><td> </td><td>1</td><td>9</td><td>5</td><td>8</td></tr> <tr><td>m</td><td>m</td><td></td><td>d</td><td>d</td><td></td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>	0	3		0	3		1	9	5	8	m	m		d	d		y	y	y	y
0	3		0	3		1	9	5	8																	
m	m		d	d		y	y	y	y																	
RIVERA	SYLVIA		GO	<input type="checkbox"/>	MOTHER	<table border="1" style="width:100%; text-align:center;"> <tr><td>0</td><td>4</td><td> </td><td>2</td><td>2</td><td> </td><td>1</td><td>9</td><td>6</td><td>5</td></tr> <tr><td>m</td><td>m</td><td></td><td>d</td><td>d</td><td></td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>	0	4		2	2		1	9	6	5	m	m		d	d		y	y	y	y
0	4		2	2		1	9	6	5																	
m	m		d	d		y	y	y	y																	
RIVERA	SHERWIN MICHAEL		GO	<input type="checkbox"/>	BROTHER	<table border="1" style="width:100%; text-align:center;"> <tr><td>1</td><td>1</td><td> </td><td>2</td><td>5</td><td> </td><td>1</td><td>9</td><td>9</td><td>1</td></tr> <tr><td>m</td><td>m</td><td></td><td>d</td><td>d</td><td></td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>	1	1		2	5		1	9	9	1	m	m		d	d		y	y	y	y
1	1		2	5		1	9	9	1																	
m	m		d	d		y	y	y	y																	
RIVERA	SHERWIN DEAN		GO	<input type="checkbox"/>	BROTHER	<table border="1" style="width:100%; text-align:center;"> <tr><td>1</td><td>1</td><td> </td><td>2</td><td>9</td><td> </td><td>1</td><td>9</td><td>9</td><td>5</td></tr> <tr><td>m</td><td>m</td><td></td><td>d</td><td>d</td><td></td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>	1	1		2	9		1	9	9	5	m	m		d	d		y	y	y	y
1	1		2	9		1	9	9	5																	
m	m		d	d		y	y	y	y																	

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE OF MEMBER

04/13/2018

\_\_\_\_\_  
DATE

**FOR Pag-IBIG FUND USE ONLY**

RECEIVED BY	DATE
<p>_____ Signature over Printed Name</p> <p>_____ Designation/Position</p> <p>_____ Branch/Unit</p>	

**DISCLAIMER:** 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.