



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY													
Pag-IBIG MID NUMBER													
1	6	4	0		0	0	0	9		2	0	2	7
REGISTRATION TRACKING NUMBER													
911143008242													

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 which are 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 occupation based on the List of Occupation, as provided in the Philippine Standard Occupational Classification (PSOC).
- 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 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)	
<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"/> 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>					
	LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER	BELONGUEL	RHEA MAE		MAGTOTO	<input type="checkbox"/>
FATHER	BELONGUEL	SAMUEL		MARAY	<input type="checkbox"/>
*MOTHER (Maiden Name)	MAGTOTO	CARMELITA		CABILAO	<input type="checkbox"/>
*SPOUSE (If Married)	ROSOS	RYAN		DIEGOR	<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	BELONGUEL	RHEA MAE		MAGTOTO	<input type="checkbox"/>
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
1 1 2 0 1 9 8 2 <i>mm dd yyyy</i>		<input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input checked="" type="checkbox"/> Married <input type="checkbox"/> Legally Separated		2 3 5 4 4 8 6 2 9	
*PLACE OF BIRTH (City/Municipality/Province/Country) <i>(Please indicate country if born outside the Philippines)</i>		*CITIZENSHIP		SSS/GSIS NUMBER	
CEBU CITY, CEBU, PHILIPPINES		FILIPINO		0 6 2 4 6 4 0 7 6 5	
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		EMPLOYEE NUMBER
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	_____ (cm)	_____ (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		_____	
				For DepEd Employee, Division Code-Station Code	

ADDRESS AND CONTACT DETAILS					
*PERMANENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision
296-M	GONZALES COMPOUND				GORORDO AVENUE
Barangay	Municipality/City	Province/State/Country(<i>if abroad</i>)		ZIP Code	
KAMPUTHAW	CEBU CITY	CEBU		6000	
*PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision
296-M	GONZALES COMPOUND				GORORDO AVENUE
Barangay	Municipality/City	Province/State/Country(<i>if abroad</i>)		ZIP Code	
KAMPUTHAW	CEBU CITY	CEBU		6000	
*PREFERRED MAILING ADDRESS					
<input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					
				(Indicate country code if abroad)	
				COUNTRY + AREA CODE TELEPHONE NUMBER	
				Home	
				Cell Phone	
				Business (Direct Line)	
				Business (Trunk Line) Local	
				Email Address	
				eyay_0@yahoo.com	

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

*EMPLOYER/BUSINESS NAME GLOBAL LINK TRAVEL AND TOURS		MONTHLY INCOME <i>Basic</i> _____ 0.00
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. ARCADE L CAPITOL COMMERCIAL COMPLEX		+ <i>Allowances/Others</i> _____ 0.00
Street Name Subdivision Barangay ESCARIO STREET		= <i>Total Mo. Income</i> _____ 0.00
Municipality/City Province *State/Country (If abroad) ZIP Code CEBU CITY CEBU		*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)
*OCCUPATION Travel Agents		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
*EMPLOYMENT STATUS <input checked="" type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Project-based		*DATE EMPLOYED (Month, Year) August 2010

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

EMPLOYER/BUSINESS NAME DELMAR TRAVEL AND TOURS INC	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS 4 2 BORROMEIO BUILDING ARLINGTON POND F RAMOS STREET CEBU CITY	FROM 0 1 2 0 0 4 m m y y y y TO 0 7 2 0 1 0 m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM m m y y y y TO m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM m m y y y y TO 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 (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH
BELONGUEL	GIAN CARLO		MAGTOTO	<input type="checkbox"/>	BROTHER	0 7 0 2 1 9 8 4 m m d d y y y y
ROSOS	RYAN		DIEGOR	<input type="checkbox"/>	SPOUSE	0 6 0 1 1 9 8 0 m m d d y y y y
ROSOS	KINDRED OTHELO		BELONGUEL	<input type="checkbox"/>	SON	0 2 1 5 2 0 1 3 m m d d y y y y
ROSOS	LYKAN AZRA		BELONGUEL	<input type="checkbox"/>	DAUGHTER	0 4 2 0 2 0 0 8 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

7/2/2016

DATE**FOR Pag-IBIG FUND USE ONLY**

RECEIVED BY

DATE

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.