



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
REGISTRATION TRACKING NUMBER											
920208519967											

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 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 your job, profession, or type of work to earn a living.
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 any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS		<input checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED																																					
*MEMBERSHIP CATEGORY																																									
MANDATORY			VOLUNTARY																																						
<input checked="" 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		MUAÑA	NOREEN		CARABUENA	<input type="checkbox"/>																																			
FATHER		MUAÑA	SIMPLICIO		PACA	<input type="checkbox"/>																																			
*MOTHER <i>(Maiden Name)</i>		CARABUENA	MA LUISA		YBAÑEZ	<input type="checkbox"/>																																			
*SPOUSE <i>(If Married)</i>						<input type="checkbox"/>																																			
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE		MUAÑA	NOREEN		CARABUENA	<input type="checkbox"/>																																			
*DATE OF BIRTH		*MARRITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)																																					
<table border="1"> <tr> <td>0</td><td>6</td><td> </td><td> </td><td>2</td><td>9</td><td> </td><td> </td><td>2</td><td>0</td><td>0</td><td>1</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	9			2	0	0	1	<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>													
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<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																																					
CEBU CITY, CEBU		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		154.94 (cm)	50 (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																																				
		18 6			Home																																				
Subdivision	Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code																																					
MIRAMONTE	PIT-OS	CEBU CITY	CEBU	6000	Cell Phone																																				
CAMELLA					0995 5263979																																				
*PRESENT HOME ADDRESS					Business (Direct Line)																																				
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name																																					
		18 6																																							
Subdivision	Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code	Business (Trunk Line) Local																																				
MIRAMONTE	PIT-OS	CEBU CITY	CEBU	6000																																					
CAMELLA					Email Address																																				
*PREFERRED MAILING ADDRESS					ncarab29@gmail.com																																				
<input checked="" type="checkbox"/> Present Home Address		<input type="checkbox"/> Permanent Home Address		<input type="checkbox"/> Employer/Business Address																																					

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

*OCCUPATION SALES AND RELATED WORKERS, ALL OTHER	EMPLOYMENT STATUS <input checked="" type="checkbox"/> Permanent/Regular <input type="checkbox"/> Casual	<input type="checkbox"/> Contractual <input type="checkbox"/> Project-based	<input type="checkbox"/> Part-time/ Temporary	TYPE OF WORK (For OFW only) (Pls. specify country of assignment) <input type="checkbox"/> Land-based _____ <input type="checkbox"/> Sea-based _____
*EMPLOYER/BUSINESS NAME (For Formally Employed, OFW and Self-employed Professional/Business Owner) IPLOY STAFFING SOLUTIONS INC			MONTHLY INCOME Basic 16,000.00	
*EMPLOYER/BUSINESS ADDRESS (For Formally Employed, OFW and Self-employed Professional/Business Owner) Unit/Room No., Floor 9TH			Allowances/Others + 2,400.00	
Building Name AYALA CENTER CEBU TOWER			=	Total Mo. Income 18,400.00
Street Name CEBU BUSINESS PARK	Subdivision	Barangay BARRIO LUZ	OFFICE ASSIGNMENT <input checked="" type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
Municipality/City CEBU CITY	Province CEBU	State/Country (If abroad)	ZIP Code 6000	DATE EMPLOYED (Month, Year) July 2020

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 m m y y y y m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM TO m m y y y y m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM TO m m y y y y 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
MUAÑA	MA LUISA		CARABUENA	<input type="checkbox"/>	MOTHER	1 2 0 6 1 9 6 8 m m d d y y y y
MUAÑA	PATRICK		CARABUENA	<input type="checkbox"/>	BROTHER	0 5 2 9 1 9 9 9 m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		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

07/26/2020

DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY	DATE
Signature over Printed Name	
Designation/Position	
Branch/Unit	

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.