MEMBER'S DATA FORM (MDF)

FOR PAGIBIG USE ONLY

Pag-IBIG MID NUMBER: 1212 2555 5356

REGISTRATION TRACKING NUMBER: 918141809127

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, HDP-PFF-049) and submit to any Pag-IBIG Branch nearest you.

***OCCUPATIONAL STATUS** ☐ EMPLOYED ☒ UNEMPLOYED/NOT YET EMPLOYED

***MEMBERSHIP CATEGORY**

MANDATORY		VOLUNTARY	
☐ EMPLOYED PRIVATE	☐ SELF-EMPLOYED (SE)	☐ EMPLOYED FOREIGN GOVERNMENT	☐ MEMBER OF COOPERATIVE/ TRADE UNION
☐ EMPLOYED GOVERNMENT	☐ PROFESSIONAL/BUSINESS OWNER	☐ BARANGAY OFFICIAL/EMPLOYEE	☐ OVERSEAS FILIPINO IMMIGRANT
☐ OVERSEAS FILIPINO WORKER (OFW)	☐ JOB ORDER PERSONNEL	☐ NON-WORKING SPOUSE	☐ OTHERS, Please specify _____
	☐ OTHER EARNING GROUPS (OEGs)	☐ MEMBER OF RELIGIOUS GROUP	
		☐ PENSIONER/INVESTOR/LESSOR	

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	MAHINAY	MARY MARGARET		AMOYLEN	☐
FATHER	MAHINAY	RONALD		MANCAO	☐
*MOTHER (Maiden Name)	AMOYLEN	MARGARETTE		MATA	☐
*SPOUSE (If Married)					☐
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	MAHINAY	MARY MARGARET		AMOYLEN	☐

*DATE OF BIRTH: 10 23 1996 (M M D D Y Y Y Y)

*MARITAL STATUS: ☒ Single/Unmarried ☐ Widow/er ☐ Annulled ☐ Married ☐ Legally Separated

TAXPAYER IDENTIFICATION NUMBER (TIN)

SSS/GSIS NUMBER

EMPLOYEE NUMBER

For AFP/PNP Employee, Serial/Badge No.

For DepEd Employee, Division Code-Station Code

*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines): CEBU CITY, CEBU

*CITIZENSHIP: FILIPINO

*SEX: ☐ Male ☒ Female

HEIGHT: _____ (cm)

WEIGHT: _____ (kg)

PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)

COMMON REFERENCE NUMBER (CRN) (If Available)

FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction): ☐ Monthly ☐ Semi-Annually ☐ Quarterly ☐ Annually

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS

Unit/Room No., Floor | Building Name | Lot No., Block No., Phase No. | House No. | Street Name: SITIO PA, CABREROS

Subdivision | Barangay: SAN NICOLAS | Municipality/City: CEBU CITY | Province/State/Country (if abroad): CEBU | ZIP Code: 6000

*PRESENT HOME ADDRESS

Unit/Room No., Floor | Building Name | Lot No., Block No., Phase No. | House No. | Street Name: SITIO PA, CABREROS

Subdivision | Barangay: SAN NICOLAS | Municipality/City: CEBU CITY | Province/State/Country (if abroad): CEBU | ZIP Code: 6000

*PREFERRED MAILING ADDRESS: ☐ Present Home Address ☒ Permanent Home Address ☐ Employer/Business Address

(Indicate country code if abroad)

	COUNTRY + AREA CODE	TELEPHONE NUMBER
Home		
Cell Phone	0939	1321257
Business (Direct Line)		
Business (Trunk Line)		Local

Email Address: margmahinay23@gmail.com

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.