



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG FUND USE ONLY											
Pag-IBIG MID NUMBER											
1	2	1	1	8	6	6	8	8	1	6	6
REGISTRATION TRACKING NUMBER											
9163-2108-0241											

INSTRUCTIONS

- Accomplish this form in two (2) copies. 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.
- 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.
- Accomplish only the "PRESENT HOME ADDRESS" if it is different from the "PERMANENT HOMEADDRESS".
- On the "CONTACT DETAILS" portion, indicate at least one (1) contact number.
- On the "OCCUPATION" portion, indicate occupation based on the provided List of Occupation.
- All fields which are marked with asterisk (*) are mandatory.
- 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 two (2) copies of the Member's Change of Information Form (MCIF, [HQP-PFF-049]) and submit to the concerned Pag-IBIG Branch.

*MEMBERSHIP CATEGORY											
MANDATORY <input checked="" type="checkbox"/> EMPLOYED PRIVATE <input type="checkbox"/> EMPLOYED GOVERNMENT <input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD						<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW) <input type="checkbox"/> SELF-EMPLOYED (SE) <input type="checkbox"/> OTHER WORKING GROUP (OWG)			VOLUNTARY <input type="checkbox"/> EMPLOYED <input type="checkbox"/> INDIVIDUAL PAYOR (IP) <input type="checkbox"/> OTHER WORKING GROUP (OWG, if income is less than P1,000.00)		
	LAST NAME	FIRST NAME	NAME EXTENSION <small>(e.g. Jr., II)</small>	MIDDLE NAME	NO MIDDLE NAME <small>(check if applicable only)</small>						
*MEMBER	ARIZO	FATIMA		PLAMA	<input type="checkbox"/>						
FATHER	ARIZO	ROGELIO		BOTILLA	<input type="checkbox"/>						
*MOTHER <small>(Maiden Name)</small>	CASIMERO	ANDRESA		PLAMA	<input type="checkbox"/>						
*SPOUSE <small>(if Married)</small>					<input type="checkbox"/>						
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ARIZO	FATIMA		PLAMA	<input type="checkbox"/>						
*DATE OF BIRTH			*MARITAL STATUS			TAXPAYERS IDENTIFICATION NUMBER (TIN)					
1 0 1 3 9 9 8 <small>m m d d y y y y</small>			<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated			3 3 2 6 6 8 4 9 9					
*PLACE OF BIRTH <small>(City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)</small>			CITIZENSHIP			SSS/GSIS NUMBER					
Cebu City			FILIPINO			0 6 3 9 0 0 5 4 8 9					
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <small>(Ex. Moles, Scars, etc.)</small>			EMPLOYEE NUMBER					
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	1.6 (m)	39 (kg)				For AFP/PNP Employee, Serial/Badge No.					
COMMON REFERENCE NUMBER (CRN) <small>(if Available)</small>			FREQUENCY OF MS PAYMENT <small>(if payment of contribution is not thru payroll deduction)</small>			For DepEd Employee, Division Code-Station Code					
			<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly								
ADDRESS AND CONTACT DETAILS											
*PERMANENT HOME ADDRESS								(Indicate country code if abroad)			
Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name Subdivision								COUNTRY + AREA CODE TELEPHONE NUMBER			
Barangay Municipality/City Province/State/Country (if abroad) ZIP Code								Home			
MACAAS CATMON 6006								*Cell Phone			
PRESENT HOME ADDRESS								Business (Direct Line)			
Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name Subdivision								Business (Trunk Line) Local			
Barangay Municipality/City Province/State/Country (if abroad) ZIP Code								*Email Address			
MACAAS CATMON 6006											
*PREFERRED MAILING ADDRESS											
<input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address											