



# MEMBER'S DATA FORM (MDF)

**FOR Pag-IBIG Fund USE ONLY**

Pag-IBIG MID NUMBER  

1	2	1	1	5	6	0	9	9	8	2	7
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REGISTRATION TRACKING NUMBER  
 915278697468

**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**     EMPLOYED     UNEMPLOYED/ NOT YET EMPLOYED

**MANDATORY**    **\*MEMBERSHIP CATEGORY**

EMPLOYED PRIVATE     EMPLOYED GOVERNMENT     OVERSEAS FILIPINO WORKER (OFW)     SELF-EMPLOYED (SE)

**VOLUNTARY**

EMPLOYED     EMPLOYED FOREIGN GOVERNMENT     BARANGAY OFFICIAL/EMPLOYEE     INDIVIDUAL PAYOR (IP)     NON-WORKING SPOUSE     MEMBER OF RELIGIOUS GROUP     PENSIONER/INVESTOR/LESSOR     MEMBER OF COOPERATIVE/TRADE UNION     OTHERS  
*Please specify*

	LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
<b>*MEMBER</b>	SOLIVA	ABRAM RHOD		LLANTO	<input type="checkbox"/>
<b>FATHER</b>	SOLIVA	RICHARD		ABONG	<input type="checkbox"/>
<b>*MOTHER (Maiden Name)</b>	LLANTO	MARIA LOLITA		CABANDON	<input type="checkbox"/>
<b>*SPOUSE (If Married)</b>					<input type="checkbox"/>
<b>MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE</b>	SOLIVA	ABRAM RHOD		LLANTO	<input type="checkbox"/>

**\*DATE OF BIRTH**  

1	2	1	6	1	9	9	3
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*mm dd yyyy*

**\*MARITAL STATUS**  
 Single/Unmarried     Widower     Annulled  
 Married     Legally Separated

**\*CITIZENSHIP**  
 FILIPINO

**TAXPAYER IDENTIFICATION NUMBER (TIN)**  

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**SSS/GSIS NUMBER**  

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**EMPLOYEE NUMBER**  

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*For AFP/PNP Employee, Serial/Badge No.*  

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*For DepEd Employee, Division Code-Station Code*  

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

**\*SEX**  
 Male     Female

**HEIGHT**    **WEIGHT**  
 \_\_\_\_\_ (cm)    \_\_\_\_\_ (kg)

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

**COMMON REFERENCE NUMBER (CRN)**  
*(If Available)*  

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**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**  
 Jnit/Room No., Floor    Building Name    Lot No., Block No., Phase No.    House No.    Street Name    Subdivision

Barangay PARDO    Municipality/City CEBU CITY    Province/State/Country (if abroad) CEBU    8    AZNAR ROAD    JASHVILLE 1

ZIP Code 6000

**\*PRESENT HOME ADDRESS**  
 Jnit/Room No., Floor    Building Name    Lot No., Block No., Phase No.    House No.    Street Name    Subdivision

Barangay PARDO    Municipality/City CEBU CITY    Province/State/Country (if abroad) CEBU    8    AZNAR ROAD    JASHVILLE 1

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    Business (Direct Line)    Business (Trunk Line)    Local

0926    2364639

Email Address  
 rhodskianto@gmail.com



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

<b>*EMPLOYER/BUSINESS NAME</b> TECH MAHINDRA				<b>MONTHLY INCOME</b> Basic 12,000.00	
<b>*EMPLOYER/BUSINESS ADDRESS</b> Unit/Room No., Floor 8 Building Name EBLOCK Lot No., Block No., Phase No. House No. 3				Allowances/Others + 0.00	
Street Name GEONZON STREET IT PARK Subdivision Barangay				Total Mo. Income = 12,000.00	
Municipality/City CEBU CITY Province CEBU *State/Country (If abroad) ZIP Code 6000				<b>*TYPE OF WORK (For OFWs only)</b> <input type="checkbox"/> Land-based (Pls. specify country of assignment) <input type="checkbox"/> Sea-based (Pls. specify manning agency)	
<b>*OCCUPATION</b> Customer Service Representatives		<b>*EMPLOYMENT STATUS</b> <input type="checkbox"/> Permanent/Regular <input checked="" type="checkbox"/> Contractual <input type="checkbox"/> Casual <input type="checkbox"/> Project-based <input type="checkbox"/> Part-time/Temporary		<b>OFFICE ASSIGNMENT</b> <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
				<b>*DATE EMPLOYED (Month, Year)</b> September 2015	

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

<b>EMPLOYER/BUSINESS NAME</b>		<b>OFFICE ASSIGNMENT</b> <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
<b>EMPLOYER/BUSINESS ADDRESS</b>		<b>FROM</b> m m y y y y	<b>TO</b> m m y y y y
<b>EMPLOYER/BUSINESS NAME</b>		<b>OFFICE ASSIGNMENT</b> <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
<b>EMPLOYER/BUSINESS ADDRESS</b>		<b>FROM</b> m m y y y y	<b>TO</b> m m y y y y
<b>EMPLOYER/BUSINESS NAME</b>		<b>OFFICE ASSIGNMENT</b> <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
<b>EMPLOYER/BUSINESS ADDRESS</b>		<b>FROM</b> m m y y y y	<b>TO</b> 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
				<input type="checkbox"/>		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
				<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      2/19/2016  
DATE

<b>FOR Pag-IBIG FUND USE ONLY</b>	
<b>RECEIVED BY</b>	<b>DATE</b>

**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.