



# MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER											
1	2	1	1	5	3	9	1	3	4	7	2
REGISTRATION TRACKING NUMBER											
915247255169											

### 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 which are 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 occupation based on the List of Occupation, as provided in the Philippine Standard Occupational Classification (PSOC).
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 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)	
VOLUNTARY					
<input type="checkbox"/> EMPLOYED		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	
Please specify					
		LAST NAME		FIRST NAME	
		EXTENSION		MIDDLE NAME	
		NO MIDDLE NAME		(check applicable only)	
*MEMBER	BENGLI	AXL HENTJE		PACULABA	<input type="checkbox"/>
FATHER	BENGLI	JOSE CECILIO		ALPUERTO	<input type="checkbox"/>
*MOTHER ( Maiden Name)	PACULABA	DIONY		OBREGON	<input type="checkbox"/>
*SPOUSE ( Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	BENGLI	AXL HENTJE		PACULABA	<input type="checkbox"/>
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
03 05 1995		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)		*CITIZENSHIP		SSS/GSIS NUMBER	
CEBU CITY, CEBU, PHILIPPINES		FILIPINO		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	(cm)	(kg)	(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)		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					(Indicate country code if abroad)
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name	Subdivision
		30 14 1			CEBU PERMAS
Barangay					COUNTRY + AREA CODE
DUMOG	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Home	TELEPHONE NUMBER
	TALISAY CITY	CEBU	6045	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
*PRESENT HOME ADDRESS					Cell Phone
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name	Subdivision
		30 14 1			CEBU PERMAS
Barangay					0933
DUMOG	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Business (Direct Line)	9286834
	TALISAY CITY	CEBU	6045	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
*PREFERRED MAILING ADDRESS					Business (Trunk Line)
<input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					Local
					Email Address
					freddy123@gmail.com