



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
REGISTRATION TRACKING NUMBER											
920263501843											

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

*OCCUPATIONAL STATUS		<input type="checkbox"/> EMPLOYED		<input checked="" type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED																														
*MEMBERSHIP CATEGORY																																		
MANDATORY			VOLUNTARY																															
<input 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"/> NON-WORKING SPOUSE																														
		<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP																														
				<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR																														
				<input type="checkbox"/> OTHERS, <i>Please specify</i>																														
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		ARREZA	LHYKA GRACE		LUSTIVA	<input type="checkbox"/>																												
FATHER		ARREZA	GREGIE		SUAL	<input type="checkbox"/>																												
*MOTHER <i>(Maiden Name)</i>		LUSTIVA	LANIE		BUNIEL	<input type="checkbox"/>																												
*SPOUSE <i>(If Married)</i>						<input type="checkbox"/>																												
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE		ARREZA	LHYKA GRACE		LUSTIVA	<input type="checkbox"/>																												
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)																														
<table border="1"> <tr> <td>0</td><td>1</td><td>2</td><td>4</td><td>1</td><td>9</td><td>9</td><td>8</td> </tr> <tr> <td><i>m</i></td><td><i>m</i></td><td><i>d</i></td><td><i>d</i></td><td><i>y</i></td><td><i>y</i></td><td><i>y</i></td><td><i>y</i></td> </tr> </table>		0	1	2	4	1	9	9	8	<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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*PLACE OF BIRTH <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>		*CITIZENSHIP		SSS/GSIS NUMBER																														
CANTILLAN, SURIGAO DEL SUR		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	162 (cm)	48 (kg)																																
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>																		
				<i>For AFP/PNP Employee, Serial/Badge No.</i> <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>																														
				<i>For DepEd Employee, Division Code-Station Code</i> <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																													
Subdivision	Barangay POBLACION	Municipality/City TOLEDO CITY	Province/State/Country <i>(if abroad)</i> CEBU	ZIP Code 6038	Home																													
					Cell Phone																													
					0927 5857971																													
*PRESENT HOME ADDRESS					Business (Direct Line)																													
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name E SABELLANO	<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>																													
Subdivision	Barangay MAYUPAY	Municipality/City CEBU CITY	Province/State/Country <i>(if abroad)</i> CEBU	ZIP Code 6000	Business (Trunk Line) Local																													
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*PREFERRED MAILING ADDRESS					Email Address																													
<input checked="" type="checkbox"/> Present Home Address	<input type="checkbox"/> Permanent Home Address	<input type="checkbox"/> Employer/Business Address				itsmelhykaarreza@gmail.com																												

