



# MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER

1 2 1 2 7 9 9 0 0 3 4 8

REGISTRATION TRACKING NUMBER

920254148354

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

\*OCCUPATIONAL STATUS     EMPLOYED     UNEMPLOYED/NOT YET EMPLOYED

### MEMBERSHIP CATEGORY

#### MANDATORY

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

- SELF-EMPLOYED (SE)
- PROFESSIONAL/BUSINESS OWNER
- JOB ORDER PERSONNEL
- OTHER EARNING GROUPS (OEGs)

#### VOLUNTARY

- EMPLOYED FOREIGN GOVERNMENT
- BARANGAY OFFICIAL/EMPLOYEE
- NON-WORKING SPOUSE
- MEMBER OF RELIGIOUS GROUP
- PENSIONER/INVESTOR/LESSOR
- MEMBER OF COOPERATIVE/ TRADE UNION
- OVERSEAS FILIPINO IMMIGRANT
- OTHERS, *Please specify*

### PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION <small>(e.g. Jr., II)</small>	MIDDLE NAME	NO MIDDLE NAME <small>(check if applicable only)</small>
*MEMBER	MERCADO	KYRA SHONA		AVENIDO	<input type="checkbox"/>
FATHER	MERCADO	KELLY		DAJALOS	<input type="checkbox"/>
*MOTHER <small>( Maiden Name )</small>	AVENIDO	ELEONOR		DINO	<input type="checkbox"/>
*SPOUSE <small>( If Married )</small>					<input type="checkbox"/>

MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE

*DATE OF BIRTH 0 2 2 3 1 9 9 6 <small>m m d d y y y y</small>		*MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		TAXPAYER IDENTIFICATION NUMBER (TIN)	
*PLACE OF BIRTH <small>(City/Municipality/Province/Country)</small> <small>(Please indicate country if born outside the Philippines)</small> CEBU CITY		*CITIZENSHIP FILIPINO		SSS/GSIS NUMBER	
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT 159.49 (cm)	WEIGHT 45 (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES <small>(Ex. Moles, Scars, etc.)</small>		
COMMON REFERENCE NUMBER (CRN) <small>(If Available)</small>		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <small>(If payment of MS is not thru payroll deduction)</small> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		EMPLOYEE NUMBER  <small>For AFP/PNP Employee, Serial/Badge No.</small>	
				<small>For DepEd Employee, Division Code-Station Code</small>	

### ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor    Building Name    *Lot No., Block No., Phase No.    House No    Street Name 1539    U. LABRA ST.					<small>(Indicate country code if abroad)</small> COUNTRY + AREA CODE    TELEPHONE NUMBER Home	
Subdivision	Barangay	Municipality/City	Province/State/Country <small>(if abroad)</small>	ZIP Code	Cell Phone	
GUADALUPE	CEBU CITY			6000	096 6202652	
*PRESENT HOME ADDRESS Unit/Room No., Floor    Building Name    Lot No., Block No., Phase No.    House No    Street Name 1539    U. LABRA ST.					Business (Direct Line)	
Subdivision	Barangay	Municipality/City	Province/State/Country <small>(if abroad)</small>	ZIP Code	Business (Trunk Line)	Local
GUADALUPE	CEBU CITY			6000		
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					Email Address KYRASHONA@GMAIL.COM	