



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
REGISTRATION TRACKING NUMBER											
921048992046											

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 checked="" type="checkbox"/> EMPLOYED						<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED																																			
*MEMBERSHIP CATEGORY																																															
MANDATORY									VOLUNTARY																																						
<input checked="" type="checkbox"/> EMPLOYED PRIVATE			<input type="checkbox"/> SELF-EMPLOYED (SE)			<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT			<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION			<input type="checkbox"/> EMPLOYED GOVERNMENT			<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER			<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE			<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT																										
<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"/> OTHERS, <i>Please specify</i>			<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR																													
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		DEL MAR			FRANCES MAE			YARE						<input type="checkbox"/>																																	
FATHER		DEL MAR			ROY FRANCIS			CHUA						<input type="checkbox"/>																																	
*MOTHER <i>(Maiden Name)</i>		YARE			MARITESS			CILLADO						<input type="checkbox"/>																																	
*SPOUSE <i>(If Married)</i>														<input type="checkbox"/>																																	
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE		DEL MAR			FRANCES MAE			YARE						<input type="checkbox"/>																																	
*DATE OF BIRTH				*MARITAL STATUS				TAXPAYER IDENTIFICATION NUMBER (TIN)																																							
<table border="1"> <tr> <td>1</td><td>2</td><td>0</td><td>8</td><td>2</td><td>0</td><td>0</td><td>1</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>				1	2	0	8	2	0	0	1	<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><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																																							
CEBU CITY, CEBU				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><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		150 (cm)		57 (kg)		<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><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																																									
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><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><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 2ND STREET		COUNTRY + AREA CODE				TELEPHONE NUMBER																																	
Subdivision MARIA GOCHAN SUBDIVISION		Barangay MAMBALING		Municipality/City CEBU CITY		Province/State/Country <i>(if abroad)</i> CEBU		ZIP Code 6000		Home				Cell Phone																																	
*PRESENT HOME ADDRESS		Building Name		Lot No., Block No., Phase No.		House No		Street Name 2ND STREET		Business (Direct Line)				Business (Trunk Line) Local																																	
Subdivision MARIA GOCHAN SUBDIVISION		Barangay MAMBALING		Municipality/City CEBU CITY		Province/State/Country <i>(if abroad)</i> CEBU		ZIP Code 6000		Email Address				francesmaedelmar@gmail.com																																	
*PREFERRED MAILING ADDRESS																																															
<input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address																																															

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

*OCCUPATION CUSTOMER SERVICE REPRESENTATIVES		EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input checked="" type="checkbox"/> Contractual <input type="checkbox"/> Part-time/ <input type="checkbox"/> Casual <input type="checkbox"/> Project-based Temporary		TYPE OF WORK (For OFW only) (Pls. specify country of assignment) <input type="checkbox"/> Land-based _____ <input type="checkbox"/> Sea-based _____	
*EMPLOYER/BUSINESS NAME (For Formally Employed, OFW and Self-employed Professional/Business Owner) IPLOY INCORPORATED				MONTHLY INCOME Basic 16,000.00	
*EMPLOYER/BUSINESS ADDRESS (For Formally Employed, OFW and Self-employed Professional/Business Owner) Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. 9TH FLOOR AYALA CENTER CEBU TOWER				Allowances/Others + 2,400.00	
Street Name Subdivision Barangay				Total Mo. Income = 18,400.00	
Municipality/City CEBU CITY		Province CEBU		State/Country (If abroad)	
ZIP Code 6000		OFFICE ASSIGNMENT <input checked="" type="checkbox"/> Head Office <input type="checkbox"/> Branch _____			
DATE EMPLOYED (Month, Year) February 2021					

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

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

02/17/2021
DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY	DATE
_____ Signature over Printed Name Designation/Position Branch/Unit	

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.