



# MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER											
1	2	1	2	8	1	3	9	5	5	1	3
REGISTRATION TRACKING NUMBER											
921085023423											

### 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		<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"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER		<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	
<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"/> MEMBER OF COOPERATIVE/ TRADE UNION	
				<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT	
				<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	VITO	MARY ALBERT		VILLAMOR	<input type="checkbox"/>
FATHER	VITO	ALBERT		CLARK	<input type="checkbox"/>
*MOTHER <i>(Maiden Name)</i>	VILLAMOR	ELIZABETH		VILLAROSA	<input type="checkbox"/>
*SPOUSE <i>(If Married)</i>					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	VITO	MARY ALBERT		VILLAMOR	<input type="checkbox"/>
*DATE OF BIRTH	*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
0 6 1 9 9 9	<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married		3 9 0 3 3 1 9 3 2		
	<input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Legally Separated		SSS/GSIS NUMBER		
*PLACE OF BIRTH <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>	*CITIZENSHIP		3 5 0 3 4 6 7 8 9 1		
LAS PIÑAS CITY, METRO MANILA (NCR)	FILIPINO		EMPLOYEE NUMBER		
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	152 (cm)	60 (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>		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	COUNTRY + AREA CODE TELEPHONE NUMBER
				JUNQUERA EXTENSION	Home
Subdivision	Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code	Cell Phone
	SANTA CRUZ	CEBU CITY	CEBU	6000	0995 6171007
*PRESENT HOME ADDRESS					Business (Direct Line)
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name	Business (Trunk Line)
				JUNQUERA EXTENSION	Local
Subdivision	Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code	Email Address
	SANTA CRUZ	CEBU CITY	CEBU	6000	iammaryvito@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					
<b>OCCUPATION</b> SALES REPRESENTATIVES, SERVICES, ALL OTHER		<b>EMPLOYMENT STATUS</b> <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Casual		<input checked="" type="checkbox"/> Contractual <input checked="" type="checkbox"/> Project-based	
		<input type="checkbox"/> Part-time/Temporary		<b>TYPE OF WORK (For OFW only)</b> (Pls. specify country of assignment) <input type="checkbox"/> Land-based <input type="checkbox"/> Sea-based	
<b>EMPLOYER/BUSINESS NAME</b> (For Formally Employed, OFW and Self-employed Professional/Business Owner) TELEPERFORMANCE PHILIPPINES				<b>MONTHLY INCOME</b> Basic <span style="float: right;">14,000.00</span> + Allowances/Others <span style="float: right;">0.00</span> = Total Mo. Income <span style="float: right;">14,000.00</span>	
<b>EMPLOYER/BUSINESS ADDRESS</b> (For Formally Employed, OFW and Self-employed Professional/Business Owner) Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.				<b>OFFICE ASSIGNMENT</b> <span style="float: right;">IT PARK</span> <input type="checkbox"/> Head Office <input checked="" type="checkbox"/> Branch	
Street Name Subdivision Barangay		Municipality/City <b>CEBU CITY</b> Province <b>CEBU</b> State/Country (if abroad) ZIP Code <b>6000</b>		<b>DATE EMPLOYED (Month, Year)</b> March 2021	

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP					
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						
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME <small>(Check only if applicable)</small>	RELATIONSHIP	DATE OF BIRTH
VILLAMOR	ELIZABETH		VILLAROSA	<input type="checkbox"/>	MOTHER	06 29 1963 m m d d y y y y
VITO	CHRISTINA ALBERT		VILLAMOR	<input type="checkbox"/>	SISTER	07 04 2003 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

03/26/2021  
 \_\_\_\_\_  
 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.*