



# MEMBER'S DATA FORM (MDF)

**FOR PAGES 1 AND 2 USE ONLY**

Pag-IBIG MID NUMBER  

1	2	1	1	9	7	9	6	7	0	6	7
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 REGISTRATION TRACKING NUMBER  
 917111103784

### 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**     EMPLOYED     UNEMPLOYED/NOT YET EMPLOYED

**\*MEMBERSHIP CATEGORY**

**MANDATORY**

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

**VOLUNTARY**

EMPLOYED     EMPLOYED FOREIGN GOVERNMENT     BARANGAY OFFICIAL/EMPLOYEE     INDIVIDUAL PAYOR (IP)     NON-WORKING SPOUSE     MEMBER OF RELIGIOUS GROUP     PENSIONER/INVESTOR/LESSOR     MEMBER OF COOPERATIVE/TRADE UNION     OTHERS *Please specify*

	LAST NAME	FIRST NAME	NAME EXTENSION <small>(e.g. Jr., II)</small>	MIDDLE NAME	NO MIDDLE NAME <small>(check if applicable only)</small>
*MEMBER	VALLEJOS	GLENN JOHN		ERQUILANG	<input type="checkbox"/>
FATHER	VALLEJOS	ANTONIO	JR	TERWEL	<input type="checkbox"/>
*MOTHER (Maiden Name)	ERQUILANG	LOLITA		CABALES	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	VALLEJOS	GLENN JOHN		ERQUILANG	<input type="checkbox"/>

<b>*DATE OF BIRTH</b> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>0</td><td>6</td><td>2</td><td>0</td><td>1</td><td>9</td><td>9</td><td>2</td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	0	6	2	0	1	9	9	2	m	m	d	d	y	y	y	y	<b>*MARITAL STATUS</b> <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	<b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>4</td><td>8</td><td>3</td><td>4</td><td>0</td><td>1</td><td>0</td><td>9</td><td>9</td> </tr> </table>	4	8	3	4	0	1	0	9	9
0	6	2	0	1	9	9	2																				
m	m	d	d	y	y	y	y																				
4	8	3	4	0	1	0	9	9																			
<b>*PLACE OF BIRTH (City/Municipality/Province/Country)</b> <small>(Please indicate country if born outside the Philippines)</small> TOMAS OPPUS, SOUTHERN LEYTE	<b>*CITIZENSHIP</b> FILIPINO	<b>SSS/GSIS NUMBER</b> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>0</td><td>6</td><td>3</td><td>9</td><td>4</td><td>8</td><td>6</td><td>8</td><td>5</td><td>9</td> </tr> </table>	0	6	3	9	4	8	6	8	5	9															
0	6	3	9	4	8	6	8	5	9																		
<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">*SEX</td> <td style="width: 20%;">HEIGHT</td> <td style="width: 20%;">WEIGHT</td> </tr> <tr> <td><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</td> <td>165 (cm)</td> <td>50 (kg)</td> </tr> </table>	*SEX	HEIGHT	WEIGHT	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	165 (cm)	50 (kg)	<b>PROMINENT DISTINGUISHING FACIAL FEATURES</b> <small>(Ex. Moles, Scars, etc.)</small>	<b>EMPLOYEE NUMBER</b> <table border="1" style="width: 100%; height: 20px;"> <tr> <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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<b>COMMON REFERENCE NUMBER (CRN)</b> <small>(If Available)</small> <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>											<b>FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT</b> <small>(If payment of MS is not thru payroll deduction)</small> <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	For AFP/PMP Employee, Serial/Badge No. <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>															
		For DepEd Employee, Division Code-Station Code <table border="1" style="width: 100%; height: 20px;"> <tr> <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

<b>*PERMANENT HOME ADDRESS</b> Unit/Room No., Floor    Building Name    Lot No., Block No., Phase No.    House No.    Street Name N ESCARDO STREET    Subdivision	(Indicate country code if abroad) COUNTRY + AREA CODE    TELEPHONE NUMBER Home				
Barangay: KAMPUTAW    Municipality/City: CEBU CITY    Province/State/Country (if abroad): CEBU    ZIP Code: 6000	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Cell Phone</td> <td style="width: 70%;">TELEPHONE NUMBER</td> </tr> <tr> <td>0917</td> <td>9289683</td> </tr> </table>	Cell Phone	TELEPHONE NUMBER	0917	9289683
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0917	9289683				
<b>*PRESENT HOME ADDRESS</b> Unit/Room No., Floor    Building Name    Lot No., Block No., Phase No.    House No.    Street Name N ESCARDO STREET    Subdivision	Business (Direct Line) <table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Business (Trunk Line)</td> <td style="width: 70%;">Local</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Business (Trunk Line)	Local		
Business (Trunk Line)	Local				
Barangay: KAMPUT-AW    Municipality/City: CEBU CITY    Province/State/Country (if abroad): CEBU    ZIP Code: 6000	Email Address john062092@gmail.com				
<b>*PREFERRED MAILING ADDRESS</b> <input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					