



# MEMBER'S DATA FORM (MDF)

| FOR Pag-IBIG Fund USE ONLY   |          |
|------------------------------|----------|
| Pag-IBIG MID NUMBER          |          |
| 1212                         | 80609522 |
| REGISTRATION TRACKING NUMBER |          |
| 921068065711                 |          |

### 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**     EMPLOYED     UNEMPLOYED/NOT YET EMPLOYED

### \*MEMBERSHIP CATEGORY

#### MANDATORY

- EMPLOYED PRIVATE     SELF-EMPLOYED (SE)  
 EMPLOYED GOVERNMENT     PROFESSIONAL/BUSINESS OWNER  
 OVERSEAS FILIPINO WORKER (OFW)     JOB ORDER PERSONNEL  
 OTHER EARNING GROUPS (OEGs)

#### VOLUNTARY

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

### PERSONAL DETAILS

| NAME  | LAST NAME | FIRST NAME    | NAME EXTENSION<br><i>(e.g. Jr., II)</i> | MIDDLE NAME | NO MIDDLE NAME<br><i>(check if applicable only)</i> |
|---|-----------|---------------|---|-------------|---|
| *MEMBER   | ROSALEJOS | RIKKO ROUEGE  |   | BATESTIL    | <input type="checkbox"/>                            |
| FATHER  | ROSALEJOS | RICO          |   | COLADO      | <input type="checkbox"/>                            |
| *MOTHER <i>(Maiden Name)</i>                        | ROSALEJOS | LOUELLA LEOFI |   | BATESTIL    | <input type="checkbox"/>                            |
| *SPOUSE <i>(If Married)</i>                         |           |               |   |             | <input type="checkbox"/>                            |
| MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE | ROSALEJOS | RIKKO ROUEGE  |   | BATESTIL    | <input type="checkbox"/>                            |

|  |                    |  |   |   |  |
|--|--------------------|--|---|---|--|
| *DATE OF BIRTH<br>1 0 1 4 1 9 9 4<br><i>m m d d y y y y</i>  |                    | *MARITAL STATUS<br><input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled<br><input type="checkbox"/> Married <input type="checkbox"/> Legally Separated                                 |   | TAXPAYER IDENTIFICATION NUMBER (TIN)<br>4 8 2 8 7 4 6 9 3   |  |
| *PLACE OF BIRTH <i>(City/Municipality/Province/Country)</i><br><i>(Please indicate country if born outside the Philippines)</i><br>CEBU CITY, CEBU |                    | *CITIZENSHIP<br>FILIPINO   |   | SSS/GSIS NUMBER<br>3 5 0 2 8 0 8 3 6 7  |  |
| *SEX<br><input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female  | HEIGHT<br>175 (cm) | WEIGHT<br>60 (kg)  | PROMINENT DISTINGUISHING FACIAL FEATURES<br><i>(Ex. Moles, Scars, etc.)</i> |   |  |
| COMMON REFERENCE NUMBER (CRN)<br><i>(If Available)</i>   |                    | FREQUENCY OF MEMBERSHIP SAVINGS (MS)<br>PAYMENT <i>(If payment of MS is not thru payroll deduction)</i><br><input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Annually |   | EMPLOYEE NUMBER<br><br><i>For AFP/PNP Employee, Serial/Badge No.</i><br><br><i>For DepEd Employee, Division Code-Station Code</i> |  |

### ADDRESS AND CONTACT DETAILS

|   |                    |                            |   |                  |  |       |
|---|--------------------|----------------------------|---|------------------|--|-------|
| *PERMANENT HOME ADDRESS<br>Unit/Room No., Floor    Building Name    Lot No., Block No., Phase No.    House No.    Street Name<br>657    ZAMORA STREET                                     |                    |                            |   |                  | (Indicate country code if abroad)<br>COUNTRY + AREA CODE    TELEPHONE NUMBER<br>Home |       |
| Subdivision   | Barangay<br>ZONE 1 | Municipality/City<br>SOGOD | Province/State/Country <i>(if abroad)</i><br>SOUTHERN LEYTE | ZIP Code<br>6606 | Cell Phone<br>0915    3566818  |       |
| *PRESENT HOME ADDRESS<br>Unit/Room No., Floor    Building Name    Lot No., Block No., Phase No.    House No.    Street Name<br>657    ZAMORA STREET                                       |                    |                            |   |                  | Business (Direct Line)   |       |
| Subdivision   | Barangay<br>ZONE 1 | Municipality/City<br>SOGOD | Province/State/Country <i>(if abroad)</i><br>SOUTHERN LEYTE | ZIP Code<br>6606 | Business (Trunk Line)  | Local |
| *PREFERRED MAILING ADDRESS<br><input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address |                    |                            |   |                  | Email Address<br>rikkorosalejos@yahoo.com  |       |