



MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER
 1 2 1 2 8 2 1 2 0 0 7 6
 REGISTRATION TRACKING NUMBER
 921111889277

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, Please specify		
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		FLORENTINO	MARVE		SUMALINOG	<input type="checkbox"/>
FATHER		FLORENTINO	MAXIMINO	JR	MABULAY	<input type="checkbox"/>
*MOTHER <i>(Maiden Name)</i>		SUMALINOG	EVELYN		PEÑA	<input type="checkbox"/>
*SPOUSE <i>(if Married)</i>						<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE		FLORENTINO	MARVE		SUMALINOG	<input type="checkbox"/>
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
0 9 0 9 1 9 9 8 <i>m m d d y y y y</i>		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		[] [] [] [] [] [] [] [] [] []		
*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		[] [] [] [] [] [] [] [] [] []		
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>			
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	_____ (cm)	_____ (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>		EMPLOYEE NUMBER		
[] [] [] [] [] [] [] [] [] []		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		[] [] [] [] [] [] [] [] [] []		
				<i>For AFP/PNP Employee, Serial/Badge No.</i>		
				[] [] [] [] [] [] [] [] [] []		
				<i>For DepEd Employee, Division Code-Station Code</i>		
				[] [] [] [] [] [] [] [] [] []		
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	COUNTRY + AREA CODE	
		35 2			TELEPHONE NUMBER	
Subdivision	Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code	Home	
DECA HOMES	CUBACUB	MANDAUE CITY	CEBU	6014	[] [] [] [] [] [] [] [] [] []	
Cell Phone	Business (Direct Line)	Business (Trunk Line)	Local	Email Address		
0949	4876745	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []	marveflor09@gmail.com		
*PRESENT HOME ADDRESS						
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name		
		35 2				
Subdivision	Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code		
DECA HOMES	CUBACUB	MANDAUE CITY	CEBU	6014		
*PREFERRED MAILING ADDRESS						
<input type="checkbox"/> Present Home Address	<input checked="" type="checkbox"/> Permanent Home Address	<input type="checkbox"/> Employer/Business Address				