



MEMBER'S DATA FORM (MDF)

POR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER: 030505220007

REGISTRATION TRACKING NUMBER: 1211-0993-0122

- 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 Law 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 EMPLOYED UNEMPLOYED/NOT YET EMPLOYED

MEMBERSHIP CATEGORY

MANDATORY	VOLUNTARY
<input checked="" type="checkbox"/> EMPLOYED PRIVATE <input type="checkbox"/> EMPLOYED GOVERNMENT <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT <input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP <input type="checkbox"/> PENSIONER/INVESTOR/LESSOR
<input type="checkbox"/> SELF-EMPLOYED (SE) <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER <input type="checkbox"/> JOB ORDER PERSONNEL <input type="checkbox"/> OTHER EARNING GROUPS (OEGs)	<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 (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	SALVADOR	LUDWINSKY		MANALO	<input type="checkbox"/>
FATHER	SALVADOR	CAMILO		HERNANDEZ	<input type="checkbox"/>
*MOTHER (Maiden Name)	MANALO	LOLITA		ASUNCION	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	LUDWINSKY	M.	SALVADOR		<input type="checkbox"/>

*DATE OF BIRTH 02 17 1989	*MARRIAGE STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	TAXPAYER IDENTIFICATION NUMBER (TIN)
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) MANILA PHILIPPINES	*CITIZENSHIP FILIPINO	SSS/GSIS NUMBER
*SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex: Moles, Scars, etc.) N/A	EMPLOYEE NUMBER
HEIGHT: 110 (cm) WEIGHT: 160 (kg)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (if payment of MS is not thru payroll deduction) <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	For AFP/PNP Employee, Serial/Badge No.
COMMON REFERENCE NUMBER (CRN) (If Available)		For DepEd Employee, Division Code-Station Code

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No. Floor Building Name Lot No., Block No., Phase No. House No. Street Name 2332 ICABEL ST	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home Cell Phone Business (Direct Line) Business (Trunk Line) Local Email Address
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code STA ANA MANILA 1001	
*PRESENT HOME ADDRESS Unit/Room No. Floor Building Name Lot No., Block No., Phase No. House No. Street Name UNIT 8 LA VILLAS APARTMENT P. BASUBAS ST.	
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code TRIOLO PRANDICE CITY CEBU 6000	
*PREFERRED MAILING ADDRESS <input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	