



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
REGISTRATION TRACKING NUMBER											
921134909132											

### 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.

<b>*OCCUPATIONAL STATUS</b>		<input checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED																																					
<b>*MEMBERSHIP CATEGORY</b>																																									
<b>MANDATORY</b>			<b>VOLUNTARY</b>																																						
<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"/> MEMBER OF COOPERATIVE/ TRADE UNION																																					
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)		<input type="checkbox"/> JOB ORDER PERSONNEL		<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT																																					
		<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)		<input type="checkbox"/> OTHERS, <i>Please specify</i>																																					
				<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR																																					
<b>PERSONAL DETAILS</b>																																									
NAME		LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>																																			
<b>*MEMBER</b>		DE LOS SANTOS	LEEL		LOGICO	<input type="checkbox"/>																																			
<b>FATHER</b>		DE LOS SANTOS	ELMER		CIRERA	<input type="checkbox"/>																																			
<b>*MOTHER</b> <i>(Maiden Name)</i>		LOGICO	LELETTE		SARABIA	<input type="checkbox"/>																																			
<b>*SPOUSE</b> <i>(If Married)</i>						<input type="checkbox"/>																																			
<b>MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE</b>		DE LOS SANTOS	LEEL		LOGICO	<input type="checkbox"/>																																			
<b>*DATE OF BIRTH</b>		<b>*MARITAL STATUS</b>		<b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b>																																					
<table border="1"> <tr> <td>0</td><td>8</td><td> </td><td> </td><td>1</td><td>0</td><td> </td><td> </td><td>1</td><td>9</td><td>9</td><td>6</td> </tr> <tr> <td><i>m</i></td><td><i>m</i></td><td></td><td></td><td><i>d</i></td><td><i>d</i></td><td></td><td></td><td><i>y</i></td><td><i>y</i></td><td><i>y</i></td><td><i>y</i></td> </tr> </table>		0	8			1	0			1	9	9	6	<i>m</i>	<i>m</i>			<i>d</i>	<i>d</i>			<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>	<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		<table border="1"> <tr> <td> </td><td> </td><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>*PLACE OF BIRTH</b> <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>		<b>*CITIZENSHIP</b>		<b>SSS/GSIS NUMBER</b>																																					
PAGADIAN CITY, ZAMBOANGA DEL SUR		FILIPINO		<table border="1"> <tr> <td>3</td><td>5</td><td>0</td><td>4</td><td>9</td><td>5</td><td>6</td><td>6</td><td>1</td><td>5</td> </tr> </table>		3	5	0	4	9	5	6	6	1	5																										
3	5	0	4	9	5	6	6	1	5																																
<b>*SEX</b>		<b>HEIGHT</b>	<b>WEIGHT</b>	<b>PROMINENT DISTINGUISHING FACIAL FEATURES</b> <i>(Ex. Moles, Scars, etc.)</i>																																					
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		152.4 (cm)	90 (kg)																																						
<b>COMMON REFERENCE NUMBER (CRN)</b> <i>(If Available)</i>		<b>FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT</b> <i>(If payment of MS is not thru payroll deduction)</i>		<b>EMPLOYEE NUMBER</b>																																					
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>														<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																									
<b>ADDRESS AND CONTACT DETAILS</b>																																									
<b>*PERMANENT HOME ADDRESS</b>				<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   TELEPHONE NUMBER																																				
		17   1		BERSAMA CORNER LOHRI	Home																																				
Subdivision	Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code	032   5133711																																				
		TALISAY CITY	CEBU	6045	Cell Phone																																				
					0945   7438268																																				
<b>*PRESENT HOME ADDRESS</b>				<b>Business (Direct Line)</b>																																					
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name																																					
		17   1		BERSAMA CORNER LOHRI																																					
Subdivision	Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code	Business (Trunk Line)   Local																																				
		TALISAY CITY	CEBU	6045																																					
<b>*PREFERRED MAILING ADDRESS</b>				<b>Email Address</b>																																					
<input type="checkbox"/> Present Home Address		<input checked="" type="checkbox"/> Permanent Home Address		<input type="checkbox"/> Employer/Business Address																																					
				leel.hynndls@gmail.com																																					

