



## MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121009931692
REGISTRATION TRACKING NUMBER	911231012809

<b>OCCUPATIONAL STATUS</b>		UNEMPLOYED/NOT YET EMPLOYED			
<b>MEMBERSHIP CATEGORY</b>					
<b>PERSONAL DETAILS</b>					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
<b>MEMBER</b>	ABELLA	ELOISE JUDE		ANTIVO	<input type="checkbox"/>
<b>FATHER</b>	ABELLA	EDWIN		NUÑEZ	<input type="checkbox"/>
<b>MOTHER (Maiden Name)</b>	ABELLA	SUSANA		ANTIVO	<input type="checkbox"/>
<b>SPOUSE (if Married)</b>					<input type="checkbox"/>
<b>MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE</b>	ABELLA	ELOISE JUDE		ANTIVO	<input type="checkbox"/>
<b>DATE OF BIRTH</b>		<b>MARITAL STATUS</b>		<b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b>	
07/11/1989		Single/Unmarried			
<b>PLACE OF BIRTH</b>			<b>CITIZENSHIP</b>		<b>SSS NUMBER</b>
CEBU CITY, CEBU, PHILIPPINES			FILIPINO		0630108990
<b>SEX</b>	<b>HEIGHT(cm.)</b>	<b>WEIGHT(kg.)</b>	<b>PROMINENT DISTINGUISHING FACIAL FEATURES</b>		
FEMALE	0.00	0.00			
<b>COMMON REFERENCE NUMBER (CRN)</b>			<b>FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT</b>		<b>EMPLOYEE NUMBER</b>
					For AFP/PNP Employee, Serial/Badge No.
					For DepEd Employee, Division Code-Station Code

ADDRESS AND CONTACT DETAILS					
<b>PERMANENT HOME ADDRESS</b>					<i>COUNTRY + AREA CODE + TELEPHONE NUMBER</i>
Unit/Room No., Floor		Building Name			Home
Lot No.,	Block No.,	Phase No.	House No	Street Name	Cell Phone
	80 E			SALVADOR STREET	
Subdivision		Barangay			Business (Direct Line)
		LABANGON			
Municipality/City		Province/State/Country			Business (Trunk Line)
CEBU CITY		CEBU, PHILIPPINES			
ZIP Code					Email Address
6000					eloiseabella@yahoo.com
<b>PRESENT HOME ADDRESS</b>					
Unit/Room No., Floor		Building Name		Lot no.,	Block no.,
				82 E	Phase No.
House No		Street Name		Subdivision	
		SALVADOR STREET		LABANGON	
Municipality/City		Province/State/Country			ZIP Code
CEBU CITY		CEBU, PHILIPPINES			6000
<b>PREFERRED MAILING ADDRESS</b>			<b>PRESENT HOME ADDRESS</b>		

PRESENT EMPLOYMENT DETAILS						
OCCUPATION			EMPLOYMENT STATUS	TYPE OF WORK		
EMPLOYER/BUSINESS NAME				COUNTRY OF ASSIGNMENT		
EMPLOYER/BUSINESS ADDRESS				MONTHLY INCOME		
Unit/Room No., Floor		Building Name		Basic 0.00		
Lot No.,	Block No.,	Phase No.	House No.	Street Name	Allowances/Others 0.00	
Subdivision				Barangay		
Municipality/City				Province		
State/Country(if abroad)				ZIP Code		
				OFFICE ASSIGNMENT		
				DATE EMPLOYED		
				Total Mo. Income 0.00		

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP		
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	
QUALFON PHILIPPINES INCORPORATED	FROM	TO
EMPLOYER/BUSINESS ADDRESS	06/2010	04/2011
SKYRISE 3 BUILDING, IT PARK, LAHUG CEBU CITY 6000		

HEIRS						
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH
ABELLA	EDWIN		NUÑEZ	[ ]	FATHER	05/27/1960
ABELLA	SUSANA		ANTIVO	[ ]	MOTHER	09/01/1962

CERTIFICATION	
<p>I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).</p>	
_____	_____
SIGNATURE OF INFORMANT	DATE
FOR Pag-IBIG FUND USE ONLY	
RECEIVED BY	DATE
_____	_____
Signature over Printed Name	Designation/Position
_____	Branch/Unit

**DISCLAIMER**

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.