



MEMBER'S DATA FORM (MDF)

Pag-IBIG MID NUMBER											
1	2	1	1	6	6	5	0	5	2	2	5
REGISTRATION TRACKING NUMBER											

INSTRUCTIONS

1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on a 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 not employed or purpose is pre-employment, 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, under the New Civil 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
 CHECK THIS BOX IF FIRST TIME JOB SEEKER

MEMBERSHIP CATEGORY

MANDATORY	VOLUNTARY
<input checked="" type="checkbox"/> EMPLOYED (PRIVATE) <input type="checkbox"/> EMPLOYED (GOVERNMENT) <input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER <input type="checkbox"/> JOB ORDER PERSONNEL <input type="checkbox"/> OTHER EARNING GROUP (DEGs)
	<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"/> 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	KOIKE	PRINCESS SHAIRA		ALLEGO	<input type="checkbox"/>
FATHER	KOIKE	HIDEQ			<input type="checkbox"/>
*MOTHER (Maiden Name)	ALLEGO	IONETTE			<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH 04 26 1995 m m d d y y y y	*MARITAL 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) 327 293 865
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) MAKATI CITY, PHILIPPINES	*CITIZENSHIP FILIPINO	SSS/GSIS NUMBER 0638010132
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT 162 (cm)	WEIGHT 52 (kg)
COMMON REFERENCE NUMBER (CRN) (If Available) 011 3076 8854 8	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)	EMPLOYEE NUMBER For AFP/PNP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code
	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	

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name RIZAL STREET	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code POBLACION UNO TUBURAN CEBU 6043	Cell Phone +63 9225107289
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name RIZAL STREET	Business (Direct Line)
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code POBLACION UNO TUBURAN CEBU 6043	Business (Trunk Line) Local
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	Email Address PRINCESSSHAIRA51@GMAIL.COM