

## MEMBER'S DATA FORM (MDF)

			FOR	ag-IB	IG F	und US	EONLY
Pag	-IBIC	M	D NUN	MBER			
1	2	1	2	12	4	41	1914/5/2
RE	GIST	RA	TION T	RACK	ING	NUMBE	ER
				918	125	47521	14

- 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 which are marked with asterisk (\*) are mandatory.
  4. On the "OCCUPATION" portion, indicate occupation based on the List of Occupation, as provided in the Philippine Standard Occupational Classification (PSOC).
  5. On the "OCCUPATION" portion, indicate occupation based on the List of Occupation, as provided in the Philippine Standard Occupational Classification (PSOC).
  6. On the "HEIRS" portion, the provision on the Laws on Succession, as provided in the Philippine Standard Occupational Classification (PSOC).
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  6. On the "HEIRS" portion,

  - 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 the concerned Pag-IBIG Branch.

*OCCUPATIONAL STATUS	□ EMPLOY		■ UNEMPLOYED/ NO	PLOYED		
		*MEMBERSH	HIP CATEGORY			
MANDATORY  EMPLOYED PRIVATE	□ EMPLO	YED GOVERNMENT		OVERSEAS FILIPINO WORKER (OFW)		
VOLUNTARY  EMPLOYED  EMPLOYED FOREIGN GOVER  BARANGAY OFFICIAL/EMPLO	RNMENT NON-W	L PAYOR (IP) ORKING SPOUSE R OF RELIGIOUS GROUP	PENSIONER/INVES	STOR/LESS	SOR OTHERS	necity
PARAMENT OF TOP BEINT CO	LAST NAME	FIRST NAME	NAME EXTENSI (e.g. Jr.,	ION	MIDDLE NAME	NO MIDDLE NAME (check if applicable only
*MEMBER	EMBER AYING		E		SUSON	
FATHER	ATHER AYING		JR		AQUILES	
*MOTHER (Maiden Name)	SUSON	MERLITA			YBAÑEZ	
*SPOUSE (If Married)						
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	AYING	ALITA FEAYE			SUSON	
*DATE OF BIRTH	9 9 7 y y y	*MARITAL STATUS  Single/Unmarried  Widow/er  Annulled Married  Legally Separated			TAXPAYER IDENTIFICATION NUMBER (TIN) SSS/GSIS NUMBER	
*PLACE OF BIRTH (City/Munic (Please indicate country if born out PALOMPON, LE	tside the Philippines)		TIZENSHIP FILIPINO			
*SEX HEIGHT  Male 162.56 (cm)	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)			EMPLOYEE NUMBER	
Female 162.56 (cm)  COMMON REFERENCE NUM  (If Available)	(kg)	FREQUENCY OF MEM PAYMENT (If payment of		For AFP/PNP Employee,	Serial/Badge No.	
(II Available)			Semi-Annually Annually	For DepEd Employee, Di	vision Code-Station Cod	
		ADDRESS AND	CONTACT DETAILS	S		
PERMANENT HOME ADDRE Init/Room No., Floor Building I	SS Name Lot No., Bloo	k No., Phase No. House No.	Street Name Sul	bdivision	(Indicate country code if all COUNTRY + AREA CODE Home	broad) E TELEPHONE NUMBE
arangay Municipa BAGUINBIN PALOM	lity/City Province/State	e/Country (if abroad) ZIP Code 6538			Cell Phone	
RESENT HOME ADDRESS it/Room No., Floor Building N	k No., Phase No. House No.	Street Name Sul	bdivision	0975   5509952   Business (Direct Line)		
rangay Municipal BAGUNEN PALOMP	.,,	e/Country (if abroad)	ZI	P Code 6538	Business (Trunk Line)	Local
REFERRED MAILING ADDR	ESS				Email Address	
Present Home Address P	ermanent Home Add	ress Employer/Busi	ness Address		absafa9@yahoo.com	