



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
REGISTRATION TRACKING NUMBER											
921238020903											

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.

*OCCUPATIONAL STATUS		<input checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED		
*MEMBERSHIP CATEGORY						
MANDATORY			VOLUNTARY			
<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		
PERSONAL DETAILS						
NAME		LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER		POSTRANO	MARIA ELOISA		CAYAS	<input type="checkbox"/>
FATHER		POSTRANO	ALEJANDRINO		PATOLTOL	<input type="checkbox"/>
*MOTHER <i>(Maiden Name)</i>		CAYAS	ANNIE		GONLIBO	<input type="checkbox"/>
*SPOUSE <i>(If Married)</i>						<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE		POSTRANO	MARIA ELOISA		CAYAS	<input type="checkbox"/>
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
0 1 2 4 1 9 9 1 <i>m m d d y y y 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				
*PLACE OF BIRTH <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>		*CITIZENSHIP		SSS/GSIS NUMBER		
CAGAYAN DE ORO CITY, MISAMIS ORIENTAL		FILIPINO		3 5 0 9 8 1 0 2 2 2		
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>			
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	165 (cm)					
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i>		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <i>(If payment of MS is not thru payroll deduction)</i>		EMPLOYEE NUMBER		
		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually				
For AFP/PNP Employee, Serial/Badge No.						
For DepEd Employee, Division Code-Station Code						
ADDRESS AND CONTACT DETAILS						
*PERMANENT HOME ADDRESS					<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	
Subdivision	Barangay POBLACION	Municipality/City QUEZON	Province/State/Country <i>(if abroad)</i> BUKIDNON	ZIP Code 8715	Home	
*PRESENT HOME ADDRESS					Cell Phone	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name 6TH STREET	0947 7888865	
Subdivision	Barangay APAS	Municipality/City CEBU CITY	Province/State/Country <i>(if abroad)</i> CEBU	ZIP Code 6000	Business (Direct Line)	
					Business (Trunk Line) Local	
*PREFERRED MAILING ADDRESS					Email Address	
<input type="checkbox"/> Present Home Address	<input checked="" type="checkbox"/> Permanent Home Address	<input type="checkbox"/> Employer/Business Address	eloisa.postrano24@gmail.com			

PRESENT EMPLOYMENT DETAILS (If with more than one (1) employer, use separate sheet and follow format below)

*OCCUPATION CUSTOMER SERVICE REPRESENTATIVES		EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input checked="" type="checkbox"/> Contractual <input type="checkbox"/> Part-time/ <input type="checkbox"/> Casual <input type="checkbox"/> Project-based Temporary		TYPE OF WORK (For OFW only) (Pls. specify country of assignment) <input type="checkbox"/> Land-based _____ <input type="checkbox"/> Sea-based _____	
*EMPLOYER/BUSINESS NAME (For Formally Employed, OFW and Self-employed Professional/Business Owner) IPLOY				MONTHLY INCOME Basic _____ + _____ Allowances/Others _____ = _____ Total Mo. Income _____	
*EMPLOYER/BUSINESS ADDRESS (For Formally Employed, OFW and Self-employed Professional/Business Owner) Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.				OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
Street Name		Subdivision		Barangay	
Municipality/City CEBU CITY		Province CEBU		State/Country (If abroad) ZIP Code 6000	
				DATE EMPLOYED (Month, Year) August 2021	

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP (Use another sheet if necessary)

EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS		FROM TO m m y y y y m m y y y y	
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS		FROM TO m m y y y y m m y y y y	
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS		FROM TO m m y y y y m m y y y y	

HEIRS (In case of death, Fund benefits shall be divided among the member's heirs in accordance with the New Civil Code as amended by the New Family Code) (Use another sheet if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

SIGNATURE OF MEMBER

08/26/2021
DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY	DATE
_____ Signature over Printed Name	_____ Date
_____ 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.