HQP-PFF-039 (V07, 10/2017)



## MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY														
Pag-IBIG MID NUMBER														
9	2	0	1		5	3	1	8		4	8	4	4	
REGISTRATION TRACKING NUMBER														

<ol> <li>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.</li> <li>Type or print all entries in BLOCK or CAPITAL LETTERS.</li> <li>All fields marked with asterisk (*) are mandatory.</li> <li>On the "OCCUPATION" portion, if without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".</li> <li>The "NAME EXTENSION" shall refer to JR., II, III and the like.</li> <li>Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.</li> <li>On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.</li> <li>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.</li> <li>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.</li> </ol>										
*OCCUPATIONAL STATUS MEMPLOYED										
*MEMBERSHIP CATEGORY										
MANDATORY VOLUNTARY										
EMPLOYED PRIVATE		D (SE) AL/BUSINESS OWNER								
OVERSEAS FILIPINO	JOB ORDER		BARANGAY OFFICIAL/EMPLOYEE       TRADE UNION         NON-WORKING SPOUSE       OVERSEAS FILIPINO IMMIGRANT							
WORKER (OFW)	OTHER EARN	ING GROUPS (OEGs)	MEMBER OF RELIGIOUS GROUP     OTHERS, Please specify     OTHERS, Please specify							
PERSIONER/INVESTOR/LESSOR										
NAME	LAST NAM		AME NAME EXTENS							
			(e.g. Jr., II)		(check if applicable only)					
*MEMBER	Amatril	Maria Ju	lita Jill	Orbiso						
FATHER	Amatril	Julito		Rabusa						
*MOTHER (Maiden Name)	Orbiso	Ma. Lou	ırdes	Detic						
*SPOUSE (If Married)										
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	Amatril	Ma. Julit	a Jill	Orbiso						
*DATE OF BIRTH 0 3 1 8 2 0 0 m m d d y y y y *PLACE OF BIRTH ( <i>City/Municipality</i> , ( <i>Please indicate country if born outside t</i>	/Province/Country)	*CITIZENSHIP	egally Separated	TAXPAYER IDENTIFICATION       SSS/GSIS NUMBER       3     4     9     4     7     7     5						
*SEX HEIGHT V □ Male157_(cm)	VEIGHT 40(kg)	Filip PROMINENT DISTINGU (Ex. Moles, Scars, etc.)	JINO JISHING FACIAL FEATURES	EMPLOYEE NUMBER						
COMMON REFERENCE NUMBER (If Available)	(CRN)	PAYMENT (If payment of	ABERSHIP SAVINGS (MS) MS is not thru payroll deduction) Semi-Annually Annually	For DepEd Employee, Division Code-Station Code						
		ADDRESS AND	CONTACT DETAILS							
	*PERMANENT HOME ADDRESS									
Subdivision Barangay	Cell Phone									
	Duljo Fatima Cebu City 6000									
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name	e Lot No., Block	No., Phase No. House No	Street Name	Business (Direct Line)						
11	11 C Padilla st									
Subdivision Barangay	Business (Trunk Line) Local									
San Nicolas Prop *PREFERRED MAILING ADDRESS	Email Address									
PREFERRED MAILING ADDRESS										
		RM MAY BE REPRODUC	r/Business Address	-						

INSTRUCTIONS

PRESENT EMPLOYMENT DETAILS (If with more than one (1) employer, use separate sheet and follow format below)										
*OCCUPATION	EMPLO	YMENT STA	TUS		TYPE OF WORK (For OFW only)					
	□ Perma □ Casua	anent/Regular al	□ Contractual □ Project-based	□ Part-time/ Temporary	□ Land-based □ Sea-based	(Pls. specify country	or assignment)			
*EMPLOYER/BUSINESS NA	ME (For Formally Emplo	oyed, OFW and S	Self-employed Professior	nal/Business Owner)	MONTHLY INC Basic	OME				
*EMPLOYER/BUSINESS AD		Allowances/Or	thers							
Unit/Room No., Floor	Building Name	I	Lot No., Block No., Pl	hase No. House No.	Total Mo. Inco					
Street Name	Subdivision		Barangay		OFFICE ASSIG					
					□ Head Office					
Municipality/City	Province	S	State/Country (If abro	ad) ZIP Code	DATE EMPLOY	ED (Month, Year)	)			
PR	EVIOUS EMPLOY		I DATE OF Pag-IB	IG Fund MEMBERSH	IP (Use another sheet	if necessary)				
EMPLOYER/BUSINESS NA	ME				OFFICE ASSIG					
					□ Head Office	Branch				
EMPLOYER/BUSINESS AE	DRESS				FROM		TO			
EMPLOYER/BUSINESS NA	ME				m m y y OFFICE ASSIG	<u>yymm</u> INMENT	уууу			
					□ Head Office	Branch				
EMPLOYER/BUSINESS AD	DRESS				FROM		то			
EMPLOYER/BUSINESS NA	ME				m m y y OFFICE ASSIG		уууу			
EMPLOYER/BUSINESS AD	DRESS				FROM		ТО			
						yyymm	у у у у			
HEIRS (In case of death, Fund be	nefits shall be divided amor	ng the member's h	eirs in accordance with the	New Civil Code as amended b	y the New Family Code)	) (Use another sheet if r	necessary)			
LAST NAME FIRS		ME NSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE C	DF BIRTH			
						m m d d	y y y y			
						m m d d	y y y y			
						m m d d				
						mm dd	<u>y y y y</u>			
I HEREBY C	ERTIFY THAT THE			NET DEFINITE MADE	HEREIN ARE TR	UE AND CORRE	ст.			
		SIGNATU	, Re of Member	07/10/ 						
			FOR Pag-IBIG FUI	ND USE ONLY						
RECEIVED BY						DATE				
Signature over F	rinted Name		Designation/Position	n Bra	nch/Unit					
					-					

<u>DISCLAIMER</u> 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.