



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

1 2 1 2 9 0 4 8 0 2 5 9

REGISTRATION TRACKING NUMBER

921320862993

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 EMPLOYED UNEMPLOYED/NOT YET EMPLOYED

*MEMBERSHIP CATEGORY

MANDATORY

- EMPLOYED PRIVATE
 EMPLOYED GOVERNMENT
 OVERSEAS FILIPINO WORKER (OFW)
- SELF-EMPLOYED (SE)
 PROFESSIONAL/BUSINESS OWNER
 JOB ORDER PERSONNEL
 OTHER EARNING GROUPS (OEGs)

VOLUNTARY

- EMPLOYED FOREIGN GOVERNMENT
 BARANGAY OFFICIAL/EMPLOYEE
 NON-WORKING SPOUSE
 MEMBER OF RELIGIOUS GROUP
 PENSIONER/INVESTOR/LESSOR
- MEMBER OF COOPERATIVE/
TRADE UNION
 OVERSEAS FILIPINO IMMIGRANT
 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	CANASA	JASPER CHRISTIAN		SECIBAN	<input type="checkbox"/>
FATHER	CANASA	JOSE RIZALDE		TALARA	<input type="checkbox"/>
*MOTHER (Maiden Name)	SECIBAN	CHONA		CABABAT	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	CANASA	JASPER CHRISTIAN		SECIBAN	<input type="checkbox"/>

*DATE OF BIRTH

0 8 0 5 1 9 9 8
m m d d y y y y

*PLACE OF BIRTH (City/Municipality/Province/Country)
 (Please indicate country if born outside the Philippines)
 MINGLANILLA, CEBU

*SEX
 Male
 Female

HEIGHT
 172.72 (cm)

WEIGHT
 72 (kg)

COMMON REFERENCE NUMBER (CRN)
 (If Available)

*MARITAL STATUS

- Single/Unmarried Widow/er Annulled
 Married Legally Separated

*CITIZENSHIP

FILIPINO

PROMINENT DISTINGUISHING FACIAL FEATURES
 (Ex. Moles, Scars, etc.)

FREQUENCY OF MEMBERSHIP SAVINGS (MS)
 PAYMENT (If payment of MS is not thru payroll deduction)
 Monthly Semi-Annually
 Quarterly Annually

TAXPAYER IDENTIFICATION NUMBER (TIN)

SSS/GSIS NUMBER

3 5 0 5 7 3 4 4 1 2

EMPLOYEE NUMBER

For AFP/PNP Employee, Serial/Badge No.

For DepEd Employee, Division Code-Station Code

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS

Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name
 _____ 609 TIPOO LUWAGAN LOWER

Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code
 _____ LINAO MINGLANILLA CEBU 6046

*PRESENT HOME ADDRESS

Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name
 _____ 609 TIPOO LUWAGAN LOWER

Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code
 _____ LINAO MINGLANILLA CEBU 6046

*PREFERRED MAILING ADDRESS

Present Home Address Permanent Home Address Employer/Business Address

(Indicate country code if abroad)

COUNTRY + AREA CODE TELEPHONE NUMBER

Home _____

Cell Phone _____

0927 5810124

Business (Direct Line) _____

Business (Trunk Line) _____ Local _____

Email Address _____

canasajasper@gmail.com

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

*OCCUPATION		EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Project-based		TYPE OF WORK <i>(For OFW only)</i> <i>(Pls. specify country of assignment)</i> <input type="checkbox"/> Land-based _____ <input type="checkbox"/> Sea-based _____	
*EMPLOYER/BUSINESS NAME <i>(For Formally Employed, OFW and Self-employed Professional/Business Owner)</i>				MONTHLY INCOME Basic _____ + _____ Allowances/Others _____ = _____ Total Mo. Income _____	
*EMPLOYER/BUSINESS ADDRESS <i>(For Formally Employed, OFW and Self-employed Professional/Business Owner)</i> 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		Province		State/Country (If abroad) ZIP Code	
				DATE EMPLOYED <i>(Month, Year)</i>	

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		<table border="1"> <tr> <td colspan="2">FROM</td> <td colspan="2">TO</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>m m</td><td>y y y y</td><td>m m</td><td>y y y y</td> </tr> </table>		FROM		TO						m m	y y y y	m m	y y y y
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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 <i>(Check only if applicable)</i>	RELATIONSHIP	DATE OF BIRTH																
CANASA	JOSE RIZALDE		TALARA	<input type="checkbox"/>	FATHER	<table border="1"> <tr> <td>0</td><td>5</td><td>2</td><td>3</td><td>1</td><td>9</td><td>6</td><td>6</td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	0	5	2	3	1	9	6	6	m	m	d	d	y	y	y	y
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CANASA	CHONA		SECIBAN	<input type="checkbox"/>	MOTHER	<table border="1"> <tr> <td>0</td><td>3</td><td>3</td><td>0</td><td>1</td><td>9</td><td>6</td><td>8</td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	0	3	3	0	1	9	6	8	m	m	d	d	y	y	y	y
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CANASA	JARGEN CLESTER		SECIBAN	<input type="checkbox"/>	BROTHER	<table border="1"> <tr> <td>0</td><td>8</td><td>1</td><td>0</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	0	8	1	0	2	0	0	9	m	m	d	d	y	y	y	y
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CANASA	JAIRO CLARENCEE		SECIBAN	<input type="checkbox"/>	BROTHER	<table border="1"> <tr> <td>0</td><td>1</td><td>0</td><td>2</td><td>2</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	0	1	0	2	2	0	0	0	m	m	d	d	y	y	y	y
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I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.


SIGNATURE OF MEMBER

11/16/2021

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.