



MEMBER'S DATA FORM (MDF)

MEMBER USE ONLY	
Page-IBIG MID NUMBER	1 2 1 1 0 1 0 0 7 1 1 2
REGISTRATION TRACKING NUMBER	

INSTRUCTIONS

1. Accomplish this form in two (2) copies.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. The "NAME EXTENSION" shall refer to JR., II, III and the like.
4. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
5. Accomplish only the "PERMANENT HOME ADDRESS" if it is different with the "PRESENT HOME ADDRESS".
6. On the "CONTACT DETAILS" portion, indicate at least one (1) contact number.
7. On the "OCCUPATION" portion, indicate occupation based on the provided List of Occupation.
8. On the "BENEFICIARIES" portion, the provision on the Intestate Succession, as provided in the New Family Code shall be observed.
 - a. SINGLE - Mother, Father, Brother and/or Sister
 - b. MARRIED - Spouse, Son, Daughter, Mother and Father
9. Upon submission of this form, present at least one (1) valid ID.
10. For any subsequent change of information, please secure and accomplish two (2) copies of the Member's Change of Information Form (MCIF) [FPF-110] and submit to the concerned HDMF Branch.

MEMBERSHIP CATEGORY		
MANDATORY <input type="checkbox"/> EMPLOYED PRIVATE <input type="checkbox"/> EMPLOYED GOVERNMENT <input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD	<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFWI) <input type="checkbox"/> SELF-EMPLOYED (SE) <input checked="" type="checkbox"/> OTHER WORKING GROUP (OWG)	VOLUNTARY <input type="checkbox"/> EMPLOYED <input type="checkbox"/> INDIVIDUAL PAYOR (SP) <input type="checkbox"/> OTHER WORKING GROUP (OWG, if income is less than P1,000.00)

	LAST NAME	FIRST NAME	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
MEMBER	Monteciaro	El-Jay	Linogon	<input type="checkbox"/>
FATHER	Monteciaro	Narciso	Jocson	<input type="checkbox"/>
MOTHER (Maiden Name)	Linogon	Grace	Capa	<input type="checkbox"/>
SPOUSE (if Married)				<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE				<input type="checkbox"/>

DATE OF BIRTH 0 8 0 3 1 9 9 3 m d y y y y	MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Legally Separated <input type="checkbox"/> Annulled	TAXPAYERS IDENTIFICATION NUMBER (TIN) 3 1 5 1 9 3 2 6 7
PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) Sindangan, Zamboanga Del Norte	CITIZENSHIP Filipino	SSS/GSIS NUMBER 1 0 1 0 7 9 2 3 3 8
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT (m) WEIGHT (kg)	EMPLOYEE NUMBER For AFP/ANP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code
COMMON REFERENCE NUMBER (CRN) (if Available)	FREQUENCY OF MC PAYMENT (if payment of contribution is not thru payroll deduction) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually	

PRESENT HOME ADDRESS							
Unit/Room No.	Floor	Building Name	Lot No.	Block No.	Phase No.	House No.	Street Name
Barangay		Municipality/City	Province/State/Country (if abroad)				Don Gil Garcia St.
Capitol Site		Cebu City	Cebu				8000
PERMANENT HOME ADDRESS							
Unit/Room No.	Floor	Building Name	Lot No.	Block No.	Phase No.	House No.	Street Name
Barangay		Municipality/City	Province/State/Country (if abroad)				7112
Gampis		Sindangan	Zamboanga Del Norte				
PREFERRED MAILING ADDRESS							
<input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address							

(Indicate country code if abroad)	
COUNTRY + AREA CODE	TELEPHONE NUMBER
Home	
Cell Phone	
Business (Direct Line)	
Business (Trunk Line)	Local
Email Address	