



MEMBER'S DATA FORM (MDF)

| FOR Pag-IBIG Fund USE ONLY | | | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Pag-IBIG MID NUMBER | | | | | | | | | | | |
| | | | | | | | | | | | |
| REGISTRATION TRACKING NUMBER | | | | | | | | | | | |
| 920204392102 | | | | | | | | | | | |

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"/> MEMBER OF COOPERATIVE/ TRADE UNION | | |
| <input type="checkbox"/> EMPLOYED GOVERNMENT | <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER | <input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE | <input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT | | |
| <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW) | <input type="checkbox"/> JOB ORDER PERSONNEL | <input type="checkbox"/> NON-WORKING SPOUSE | <input type="checkbox"/> OTHERS, <i>Please specify</i> | | |
| | <input type="checkbox"/> OTHER EARNING GROUPS (OEGs) | <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP | | | |
| | | <input type="checkbox"/> PENSIONER/INVESTOR/LESSOR | | | |
| PERSONAL DETAILS | | | | | |
| NAME | | LAST NAME | FIRST NAME | NAME EXTENSION <i>(e.g. Jr., II)</i> | MIDDLE NAME <i>(check if applicable only)</i> |
| *MEMBER | | NEGRE | KILSEY MAE | | LAGAHID <input type="checkbox"/> |
| FATHER | | NEGRE | TEODULO | | PLASENCIA <input type="checkbox"/> |
| *MOTHER (Maiden Name) | | LAGAHID | LEONORA | | ARTES <input type="checkbox"/> |
| *SPOUSE (If Married) | | | | | <input type="checkbox"/> |
| MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE | | NEGRE | KILSEY MAE | | LAGAHID <input type="checkbox"/> |
| *DATE OF BIRTH | | *MARITAL STATUS | | TAXPAYER IDENTIFICATION NUMBER (TIN) | |
| 0 8 1 9 1 9 8 <i>m m d d y y</i> | | <input 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 (City/Municipality/Province/Country) <i>(Please indicate country if born outside the Philippines)</i> | | *CITIZENSHIP | | SSS/GSIS NUMBER | |
| CEBU CITY, CEBU | | FILIPINO | | | |
| *SEX | HEIGHT | WEIGHT | PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i> | | |
| <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | _____ (cm) | _____ (kg) | | | |
| COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i> | | FREQUENCY OF MEMBERSHIP SAVINGS (MS) | | EMPLOYEE NUMBER | |
| | | PAYMENT <i>(If payment of MS is not thru payroll deduction)</i> <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 | | | | (Indicate country code if abroad) | |
| Unit/Room No., Floor | Building Name | Lot No., Block No., Phase No. House No | Street Name | COUNTRY + AREA CODE TELEPHONE NUMBER | |
| | | PUROK 6 | SITIO SAN MIGUEL | | |
| Subdivision | Barangay | Municipality/City | Province/State/Country <i>(if abroad)</i> | ZIP Code | Home |
| | APAS | CEBU CITY | CEBU | 6000 | |
| *PRESENT HOME ADDRESS | | | | Cell Phone | |
| Unit/Room No., Floor | Building Name | Lot No., Block No., Phase No. House No | Street Name | 0945 8554354 | |
| | | PUROK 6 | SITIO SAN MIGUEL STREET | Business (Direct Line) | |
| Subdivision | Barangay | Municipality/City | Province/State/Country <i>(if abroad)</i> | ZIP Code | |
| | APAS | CEBU CITY | CEBU | 6000 | Business (Trunk Line) Local |
| *PREFERRED MAILING ADDRESS | | | | Email Address | |
| <input type="checkbox"/> Present Home Address | <input type="checkbox"/> Permanent Home Address | <input type="checkbox"/> Employer/Business Address | | kmnegre97@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"/> Casual <input type="checkbox"/> Contractual <input type="checkbox"/> Project-based <input type="checkbox"/> Part-time/ <input type="checkbox"/> 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) | | 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 | Province | State/Country (If abroad) | ZIP Code |
| DATE EMPLOYED (Month, Year) | | | |

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 <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td></td><td></td><td></td><td></td> <td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | m | m | y | y | y | y | | | | | m | m | y | y | y | y | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td></td><td></td><td></td><td></td> <td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | m | m | y | y | y | y | | | | | m | m | y | y | y | y | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td></td><td></td><td></td><td></td> <td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td><td></td><td></td><td></td><td></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | m | m | y | y | y | y | | | | | m | m | y | y | y | y | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | |
|-----------|-----------------|----------------|-------------|--|--------------|---|---|---|--|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|
| NEGRE | TEODULO | | PLASENCIA | <input type="checkbox"/> | FATHER | <table border="1"> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>4</td><td>1</td><td>9</td><td>6</td><td>7</td> </tr> <tr> <td>m</td><td>m</td><td></td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table> | 0 | 4 | | 0 | 4 | 1 | 9 | 6 | 7 | m | m | | d | d | y | y | y | y |
| 0 | 4 | | 0 | 4 | 1 | 9 | 6 | 7 | | | | | | | | | | | | | | | | |
| m | m | | d | d | y | y | y | y | | | | | | | | | | | | | | | | |
| NEGRE | LEONORA | | LAGAHID | <input type="checkbox"/> | MOTHER | <table border="1"> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>8</td><td>1</td><td>9</td><td>7</td><td>0</td> </tr> <tr> <td>m</td><td>m</td><td></td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table> | 0 | 4 | | 0 | 8 | 1 | 9 | 7 | 0 | m | m | | d | d | y | y | y | y |
| 0 | 4 | | 0 | 8 | 1 | 9 | 7 | 0 | | | | | | | | | | | | | | | | |
| m | m | | d | d | y | y | y | y | | | | | | | | | | | | | | | | |
| NEGRE | IMACULATE GRACE | | LAGAHID | <input type="checkbox"/> | SISTER | <table border="1"> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td>1</td><td>9</td><td>9</td><td>9</td> </tr> <tr> <td>m</td><td>m</td><td></td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table> | 1 | 0 | | 1 | 2 | 1 | 9 | 9 | 9 | m | m | | d | d | y | y | y | y |
| 1 | 0 | | 1 | 2 | 1 | 9 | 9 | 9 | | | | | | | | | | | | | | | | |
| m | m | | d | d | y | y | y | y | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | | <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>m</td><td>m</td><td></td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table> | | | | | | | | | | m | m | | d | d | y | y | y | y |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| 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

07/22/2020

 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.



Colon - Marketing and Enforcement Division <colon.me@pagibigfund.gov.ph>

to me ▾

Tue, Sep 22, 2020, 7:36 PM



Sir / Ma'am,

Greetings!

MID: 121272481217

Last Name: NEGRE

First Name: KILSEY MAE

Middle Name: LAGAHID

Date of Birth: 08/19/1998

Lingkod Pag-IBIG,

Charlette Rez

Cebu-Colon

Avaya No.: 6903