



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(V08, 11/2020)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121288579596
REGISTRATION TRACKING NUMBER	921272600647

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	BULO	RINA MAE		BORDONES	<input type="checkbox"/>
FATHER	BULO	RAUL		PARTOSA	<input type="checkbox"/>
MOTHER (Maiden Name)	BORDONES	JOSEPHINE		DARADAR	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	BULO	RINA MAE		BORDONES	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
11/26/1999		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
CEBU CITY, CEBU			FILIPINO		0642492157
SEX	HEIGHT(cm.)	WEIGHT (kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	153.00	57.00	BROWN EYES		
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER
					For AFP/PNP Employee, Serial/Badge No.
					For DepEd Employee, Division Code-Station Code

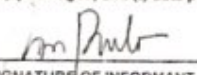
ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS					COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Room No., Floor		Building Name			Home
Lot No., Block No., Phase No.		House No. BS-D	Street Name KATIPUNAN		Cell Phone
Subdivision		Barangay LABANGON			+63 (0923) 9325096
Municipality/City		Province/State/Country			Business (Direct Line)
CEBU CITY		CEBU, PHILIPPINES			Business (Trunk Line)
ZIP Code					Email Address
6000					rinamaebulo26@gmail.com
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot no., Block no.,	Phase No.
House No. BS-D		Street Name KATIPUNAN		Subdivision	Barangay LABANGON
Municipality/City		Province/State/Country			ZIP Code
CEBU CITY		CEBU, PHILIPPINES			6000
PREFERRED MAILING ADDRESS		PRESENT HOME ADDRESS			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

PRESENT EMPLOYMENT DETAILS					
OCCUPATION			EMPLOYMENT STATUS	TYPE OF WORK	
EMPLOYER/BUSINESS NAME			COUNTRY OF ASSIGNMENT		
EMPLOYER/BUSINESS ADDRESS			MONTHLY INCOME		
Unit/Room No., Floor	Building Name		Basic		0.00
Lot No.	Block No.	Phase No.	House No.	Street Name	Allowances/Others
Subdivision			Barangay		Total Mo. Income
Municipality/City			Province		0.00
State/Country (if abroad)			ZIP Code		OFFICE ASSIGNMENT
					DATE EMPLOYED

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP		
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS	FROM	TO

HEIRS						
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH
BULO	JEROME		BORDONES	[]	BROTHER	09/28/2008
BULO	JOSEPHINE		BORDONES	[]	MOTHER	05/19/1973

CERTIFICATION	
<p>I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suppress or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).</p>	
 SIGNATURE OF INFORMANT	OCT. 26, 2021 DATE
FOR Pag-IBIG FUND USE ONLY	
RECEIVED BY: <u>W. L. AREVALO</u> Signature over Printed Name	DATE OCT 25 2021
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.

ORIGINAL DOG SEEN

BY

DATE