



# MEMBER'S DATA FORM (MDF)

**FOR Pag-IBIG Fund USE ONLY**

Pag-IBIG MID NUMBER  

1	2	1	1	7	2	3	0	8	2	1	8
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REGISTRATION TRACKING NUMBER  
 916155255600

### 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 which are 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 occupation based on the List of Occupation, as provided in the Philippine Standard Occupational Classification (PSOC).
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 the concerned Pag-IBIG Branch.

*OCCUPATIONAL STATUS		<input checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/ NOT YET EMPLOYED	
<b>*MEMBERSHIP CATEGORY</b>					
MANDATORY					
<input checked="" type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	
<input type="checkbox"/> SELF-EMPLOYED (SE)					
VOLUNTARY					
<input type="checkbox"/> EMPLOYED		<input type="checkbox"/> INDIVIDUAL PAYOR (IP)		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	
<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT		<input type="checkbox"/> NON-WORKING SPOUSE		<input type="checkbox"/> OTHERS	
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION	
<i>Please specify</i>					
	LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER	SIERAS	JENNIFER		ALQUEZAR	<input type="checkbox"/>
FATHER					<input type="checkbox"/>
*MOTHER (Maiden Name)	SIERAS	MARIA MELFER		ALQUIZAR	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	SIERAS	JENNIFER		ALQUEZAR	<input type="checkbox"/>
*DATE OF BIRTH	*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
0 3 0 3 1 9 9 7 <i>mm d d y y y y</i>	<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		3 2 8 4 2 3 7 4 1		
*PLACE OF BIRTH (City/Municipality/Province/Country) <i>(Please indicate country if born outside the Philippines)</i>	*CITIZENSHIP		SSS/GSIS NUMBER		
BARILI, CEBU	FILIPINO		3 4 5 9 5 4 9 2 4 5		
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	156 (cm)	48 (kg)			
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i>	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <i>(If payment of MS is not thru payroll deduction)</i>		EMPLOYEE NUMBER		
	<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		
<b>ADDRESS AND CONTACT DETAILS</b>					
*PERMANENT HOME ADDRESS					(Indicate country code if abroad)
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision
Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>		ZIP Code	
Patupat	Barili	CEBU		6000	
*PRESENT HOME ADDRESS					COUNTRY + AREA CODE TELEPHONE NUMBER
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision
Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>		ZIP Code	
lbo	Lapu-Lapu	CEBU		6000	
*PREFERRED MAILING ADDRESS					Home
<input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					Cell Phone
					0977 4171503
					Business (Direct Line)
					Business (Trunk Line) Local
					Email Address
					jennifer_sieras@yahoo.com