

MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY														
Pag-IBIG MID NUMBER														
1	2	1	2		7	4	3	8		6	0	9	9	
REGISTRATION TRACKING NUMBER														
920268715345														

INSTRUCTIONS

- 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
- 5. The "NAME EXTENSION" shall refer to JR., II, III and the like.
- 1. Accomplish this form in one (1) copy only. If registration is thru online, the form 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
 - 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.
 - 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			VOLUNTARY					
■EMPLOYED PRIVATE ■EMPLOYED GOVERNMENT ■OVERSEAS FILIPINO WORKER (OFW)	JOB ORDER I	IAL/BUSINESS OWNER	■ EMPLOYED FOREIGN GO ■ BARANGAY OFFICIAL/EM ■ NON-WORKING SPOUSE ■ MEMBER OF RELIGIOUS ■ PENSIONER/INVESTOR/L	F COOPERATIVE/ ON FILIPINO IMMIGRANT lease specify				
PERSONAL DETAILS								
NAME	LAST NAMI	FIRST N	AME NAME EXTENS (e.g. Jr., II)	BION MIDDLE NAME	NO MIDDLE NAME (check if applicable only)			
*MEMBER	ZULUETA	CAI ANG	ELIE	JEMINO				
FATHER	ZULUETA	JOEL VIC	ENTE	SAROMINES				
*MOTHER (Maiden Name)	JEMINO	MAERA	VEL	JACULBE				
*SPOUSE (If Married)								
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ZULUETA	CAI ANG	ELIE	JEMINO				
*DATE OF BIRTH 0 1 0 5 2 0 0 m m d d y y y y *PLACE OF BIRTH (City/Municipality (Please indicate country if born outside it	/ y //Province/Country)	*CITIZENSHIP	Nidow/er	TAXPAYER IDENTIFICATION NUMBER (TIN) SSS/GSIS NUMBER				
Male Female 157.5 (cm) □	WEIGHT 48 (kg)	PROMINENT DISTINGU (Ex. Moles, Scars, etc.)	JISHING FACIAL FEATURES MBERSHIP SAVINGS (MS)	EMPLOYEE NUMBER For AFP/PNP Employee, Serial/Badge No.				
COMMON REFERENCE NUMBER (If Available)	(CRN)	PAYMENT (If payment of Monthly	MBERSHIP SAVINGS (MS) MS is not thru payroll deduction) Semi-Annually Annually	For DepEd Employee, Division	on Code-Station Code			
		ADDRESS AND	CONTACT DETAILS					
*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name	e Lot No., Block	No., Phase No. House No	Street Name	(Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home				
Subdivision Barangay MANLAPAY	Municipality/C DUMANJUC		y (if abroad) ZIP Code 6035	Cell Phone 4310536				
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name	e Lot No., Block	No., Phase No. House No	Street Name	0932 4310536				
Subdivision Barangay MANLAPAY	Municipality/C DUMANJUC	Province/State/Countr	y (if abroad) ZIP Code 6035	Business (Trunk Line) Local				
*PREFERRED MAILING ADDRESS Present Home Address Permanent Home Address Employer/Business Address Email Address caiangelie.05@gmail.com								
☐ Present Home Address ☐ Pern	calangene.05@gmail.com							

	PRESENT EMPLOYMENT D	ETAILS (If with more than	one (1) employer, use separate	e sheet and follow forn	nat below)		
*OCCUPATION	EMPLOYMENT STA	ATUS		TYPE OF WORK (For OFW only)			
	☐ Permanent/Regula ☐ Casual	r Contractual Project-based	☐ Part-time/ Temporary	☐ Land-based ☐ Sea-based	(Pls. specify country of assignment)		
*EMPLOYER/BUSINESS	NAME (For Formally Employed, OFW and	l Self-employed Profession	al/Business Owner)	MONTHLY INC Basic	COME		
*EMPLOYER/BUSINESS	S ADDRESS (For Formally Employed, OF	W and Self-employed Profe	essional/Business Owner)	Allowances/C	+ Others		
Unit/Room No., Floor	Building Name	Lot No., Block No., Ph	nase No. House No.	Total Mo. Inc	= ome		
Street Name	Subdivision	Barangay		OFFICE ASSIG	GNMENT		
				☐ Head Office	☐ Branch		
Municipality/City	Province	State/Country (If abroa	ad) ZIP Code	DATE EMPLO	YED (Month, Year)		
	PREVIOUS EMPLOYMENT FRO	M DATE OF Pag-IB	IG Fund MEMBERSH	IP (Use another shee	et if necessary)		
EMPLOYER/BUSINES:	S NAME			OFFICE ASSIG	SNMENT		
				Head Office	e Branch		
EMPLOYER/BUSINES:				m m y OFFICE ASSIG	y y y m m y y y y		
EMPLOTER/BUSINES	5 INAIVIE			☐ Head Office			
EMPLOYER/BUSINES	S ADDRESS			FROM	ТО		
EMPLOYER/BUSINES	S NAME			m m y OFFICE ASSIG	y y y m m y y y y GNMENT		
				☐ Head Office			
EMPLOYER/BUSINES	S ADDRESS			FROM	TO		
HEIRS (In case of death, Fu	nd benefits shall be divided among the member's	heirs in accordance with the	New Civil Code as amended by	,			
LAST NAME	FIRST NAME NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIF	DATE OF BIRTH		
					m m d d y y y y		
					m m d d y y y y		
	NV 05DTISV TUAT TUS INSORMAT		07.4751451470.144.05	LIEDEIN ADE TE			
THEREE	BY CERTIFY THAT THE INFORMAT	ION GIVEN AND ALL	STATEMENTS MADE	HEREIN ARE IF	RUE AND CORRECT.		
			09/24/	2020			
	SIGNAT	URE OF MEMBER	DAT	E	J		
		FOR Pag-IBIG FUN	ND USE ONLY				
RECEIVED BY					DATE		
Signature or	ver Printed Name	Designation/Position	n Brai	nch/Unit			

DISCLAIMER