



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

- 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.
- Type or print all entries in BLOCK or CAPITAL LETTERS.
- All fields marked with asterisk (*) are mandatory.
- On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
- The "NAME EXTENSION" shall refer to JR., II, III and the like.
- Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
- On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
- 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		<input type="checkbox"/> EMPLOYED	<input checked="" type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED		
*MEMBERSHIP CATEGORY					
MANDATORY		VOLUNTARY			
<input 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	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER	ZULUETA	CAI ANGELIE		JEMINO	<input type="checkbox"/>
FATHER	ZULUETA	JOEL VICENTE		SAROMINES	<input type="checkbox"/>
*MOTHER <i>(Maiden Name)</i>	JEMINO	MAERAVEL		JACULBE	<input type="checkbox"/>
*SPOUSE <i>(If Married)</i>					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ZULUETA	CAI ANGELIE		JEMINO	<input type="checkbox"/>
*DATE OF BIRTH	*MARRITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
0 1 0 5 2 0 0 0 <i>m m 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		[] [] [] [] [] [] [] [] [] []		
*PLACE OF BIRTH <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>	*CITIZENSHIP		SSS/GSIS NUMBER		
BARILI, CEBU	FILIPINO		[] [] [] [] [] [] [] [] [] []		
*SEX	HEIGHT	WEIGHT	EMPLOYEE NUMBER		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	157.5 (cm)	48 (kg)	[] [] [] [] [] [] [] [] [] []		
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i>	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		<i>For AFP/PNP Employee, Serial/Badge No.</i>		
[] [] [] [] [] [] [] [] [] []			[] [] [] [] [] [] [] [] [] []		
	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <i>(If payment of MS is not thru payroll deduction)</i>		<i>For DepEd Employee, Division Code-Station Code</i>		
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		[] [] [] [] [] [] [] [] [] []		
ADDRESS AND CONTACT DETAILS					
*PERMANENT HOME ADDRESS					<i>(Indicate country code if abroad)</i>
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	COUNTRY + AREA CODE TELEPHONE NUMBER
Subdivision	Barangay MANLAPAY	Municipality/City DUMANJUG	Province/State/Country <i>(if abroad)</i> CEBU	ZIP Code 6035	Home [] [] [] [] [] [] [] [] [] []
*PRESENT HOME ADDRESS					Cell Phone
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	0932 [] [] [] [] [] [] [] [] [] []
Subdivision	Barangay MANLAPAY	Municipality/City DUMANJUG	Province/State/Country <i>(if abroad)</i> CEBU	ZIP Code 6035	4310536 Business (Direct Line) [] [] [] [] [] [] [] [] [] []
*PREFERRED MAILING ADDRESS					Business (Trunk Line) Local [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
<input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					Email Address caiangelie.05@gmail.com

