



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY					
Pag-IBIG MID NUMBER					
1212		8251		2508	
REGISTRATION TRACKING NUMBER					
921122398895					

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 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"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER		<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION																															
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)		<input type="checkbox"/> JOB ORDER PERSONNEL		<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT																															
		<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)		<input type="checkbox"/> OTHERS, <i>Please specify</i>																															
				<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		BACALSO	MARIE ANTONETTE		CALAGO	<input type="checkbox"/>																													
FATHER		BACALSO	RALPH		ALODREA	<input type="checkbox"/>																													
*MOTHER <i>(Maiden Name)</i>		CALAGO	JINNEFER		MACEDA	<input type="checkbox"/>																													
*SPOUSE <i>(If Married)</i>						<input type="checkbox"/>																													
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE		BACALSO	MARIE ANTONETTE		CALAGO	<input type="checkbox"/>																													
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)																															
<table border="1"> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td><i>m</i></td><td><i>m</i></td><td></td><td><i>d</i></td><td><i>d</i></td><td></td><td><i>y</i></td><td><i>y</i></td><td><i>y</i></td><td><i>y</i></td> </tr> </table>		1	2		1	1		2	0	0	0	<i>m</i>	<i>m</i>		<i>d</i>	<i>d</i>		<i>y</i>	<i>y</i>	<i>y</i>	<i>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		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
1	2		1	1		2	0	0	0																										
<i>m</i>	<i>m</i>		<i>d</i>	<i>d</i>		<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>																										
*PLACE OF BIRTH <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>		*CITIZENSHIP		SSS/GSIS NUMBER																															
CEBU CITY, CEBU		FILIPINO		<table border="1"> <tr> <td>3</td><td>5</td><td>0</td><td>4</td><td>7</td><td>5</td><td>4</td><td>3</td><td>0</td><td>9</td> </tr> </table>		3	5	0	4	7	5	4	3	0	9																				
3	5	0	4	7	5	4	3	0	9																										
*SEX		HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>																															
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		160 (cm)	60 (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																															
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
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																														
		LOT 5 BLOCK 1		THYME STREET	Home																														
Subdivision	Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code																															
VILLA LORENA DOS	SAN VICENTE YATI	LILOAN	CEBU	6002	Cell Phone																														
					0956 1760715																														
*PRESENT HOME ADDRESS					Business (Direct Line)																														
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name																															
		LOT 5 BLOCK 1		THYME STREET																															
Subdivision	Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code	Business (Trunk Line) Local																														
VILLA LORENA DOS	SAN VICENTE YATI	LILOAN	CEBU	6002																															
*PREFERRED MAILING ADDRESS					Email Address																														
<input checked="" type="checkbox"/> Present Home Address	<input type="checkbox"/> Permanent Home Address	<input type="checkbox"/> Employer/Business Address			antonettebacalso90@gmail.com																														

PRESENT EMPLOYMENT DETAILS (If with more than one (1) employer, use separate sheet and follow format below)

*OCCUPATION CUSTOMER SERVICE REPRESENTATIVES		EMPLOYMENT STATUS <input checked="" type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/ <input type="checkbox"/> Casual <input type="checkbox"/> Project-based 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) SYKES ENTERPRISES				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. SYNERGIS IT BLDG				OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
Street Name F CABA HUG STREET		Subdivision		Barangay	
Municipality/City CEBU CITY		Province CEBU		State/Country (If abroad) ZIP Code 6000	
				DATE EMPLOYED (Month, Year) May 2021	

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	
		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	
		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	
		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
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		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

05/02/2021

DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY Marie Antonette Bacalso <i>Signature over Printed Name</i>	DATE
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.