



# MEMBER'S DATA FORM (MDF)

**FOR Pag-IBIG Fund USE ONLY**

Pag-IBIG MID NUMBER  
1 2 1 2 8 9 0 3 7 8 2 4

REGISTRATION TRACKING NUMBER  
921284146690

### INSTRUCTIONS

- Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on a 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 not employed or purpose is pre-employment, 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, under the New Civil 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  
 CHECK THIS BOX IF FIRST TIME JOB SEEKER

### \*MEMBERSHIP CATEGORY

#### MANDATORY

- EMPLOYED (PRIVATE)
- EMPLOYED (GOVERNMENT)
- EMPLOYED PRIVATE HOUSEHOLD
- OVERSEAS FILIPINO WORKER (OFW)
- SELF-EMPLOYED
- PROFESSIONAL/BUSINESS OWNER
- JOB ORDER PERSONNEL
- OTHER EARNING GROUP (OEGs)

#### VOLUNTARY

- EMPLOYED (FOREIGN GOVERNMENT)
- BARANGAY OFFICIAL/EMPLOYEE
- NON-WORKING SPOUSE
- MEMBER OF RELIGIOUS GROUP
- PENSIONER/INVESTOR/LESSOR
- MEMBER OF COOPERATIVE/ TRADE UNION
- OVERSEAS FILIPINO IMMIGRANT
- OTHERS, *Please specify*

### PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	ENARIO	JACQUELINE		DE ERIO	<input type="checkbox"/>
FATHER	ENARIO	ELIOTERIO		LABANDERO	<input type="checkbox"/>
*MOTHER (Maiden Name)	ENARIO	THELMA		BARAZAN	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH mm dd yy yy 11 11 1995	*MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	TAXPAYER IDENTIFICATION NUMBER (TIN) [ ]
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) TUBURAN, CEBU	*CITIZENSHIP FILIPINO	SSS/GSIS NUMBER [ ]
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT _____ (cm)	WEIGHT 46 (kg)
PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction) <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	EMPLOYEE NUMBER [ ]
COMMON REFERENCE NUMBER (CRN) (If Available) [ ]	For AFP/PNP Employee, Serial/Badge No. [ ]	For DepEd Employee, Division Code-Station Code [ ]

### ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS Unit/Room No., Floor   Building Name   Lot No., Block No., Phase No.   House No   Street Name	(Indicate country code if abroad) COUNTRY + AREA CODE   TELEPHONE NUMBER Home
Subdivision   Barangay   Municipality/City   Province/State/Country (if abroad)   ZIP Code MANGGA   TUBURAN   CEBU	
*PRESENT HOME ADDRESS Unit/Room No., Floor   Building Name   Lot No., Block No., Phase No.   House No   Street Name	Cell Phone
Subdivision   Barangay   Municipality/City   Province/State/Country (if abroad)   ZIP Code APAS   LAHUG   CEBU CITY	Business (Direct Line)
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address	Business (Trunk Line)   Local
	Email Address

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

*OCCUPATION	EMPLOYMENT STATUS		TYPE OF WORK (For OFW only) (Pls. specify country of assignment)	
	<input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Casual	<input type="checkbox"/> Contractual <input type="checkbox"/> Project-based	<input type="checkbox"/> Part-time/ Temporary	<input type="checkbox"/> Land-based <input type="checkbox"/> Sea-based
*EMPLOYER/BUSINESS NAME			MONTHLY INCOME	
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.			Basic _____ + Allowances/Others _____ = Total Mo. Income _____	
Street Name	Subdivision	Barangay	OFFICE ASSIGNMENT	
Municipality/City	Province	State/Country (if abroad)	DATE EMPLOYED (Month, Year)	
		ZIP Code	<input type="checkbox"/> Head Office	<input type="checkbox"/> Branch _____

**PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP** (Use another sheet if necessary)

EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT
EMPLOYER/BUSINESS ADDRESS	<input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS NAME	FROM TO
EMPLOYER/BUSINESS ADDRESS	m m y y y y m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT
EMPLOYER/BUSINESS ADDRESS	<input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS NAME	FROM TO
EMPLOYER/BUSINESS ADDRESS	m m y y y y m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT
EMPLOYER/BUSINESS ADDRESS	<input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS NAME	FROM TO
EMPLOYER/BUSINESS ADDRESS	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 Rules of Succession under the New Civil Code, as amended) (Use another sheet if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH
ENARIO	EVIOTERIO		LABANDERO	<input type="checkbox"/>	FATHER	08 09 1973 m m d d y y y y
ENARIO	THELMA		BARAZAN	<input type="checkbox"/>	MOTHER	04 20 1974 m m d d y y y y
ENARIO	JUNJEFF		DE PRIO	<input type="checkbox"/>	BROTHER	04 08 1994 m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y

**CERTIFICATION**

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, suspend 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).

SIGNATURE OF INFORMANT

DATE

**FOR Pag-IBIG FUND USE ONLY**

RECEIVED BY	DATE
Signature over Printed Name	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.