



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG FUND USE ONLY											
Pag-IBIG MID NUMBER											
REGISTRATION TRACKING NUMBER											

INSTRUCTIONS

- Accomplish this form in two (2) copies. 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.
- 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.
- Accomplish only the "PRESENT HOME ADDRESS" if it is different from the "PERMANENT HOME ADDRESS".
- On the "CONTACT DETAILS" portion, indicate at least one (1) contact number.
- On the "OCCUPATION" portion, indicate occupation based on the provided List of Occupation.
- All fields which are marked with asterisk (*) are mandatory.
- 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 two (2) copies of the Member's Change of Information Form (MCIF, [HQP-PFF-049]) and submit to the concerned Pag-IBIG Branch.

*MEMBERSHIP CATEGORY					
MANDATORY <input type="checkbox"/> EMPLOYED PRIVATE <input type="checkbox"/> EMPLOYED GOVERNMENT <input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD			<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW) <input type="checkbox"/> SELF-EMPLOYED (SE) <input type="checkbox"/> OTHER WORKING GROUP (OWG)		VOLUNTARY <input type="checkbox"/> EMPLOYED <input type="checkbox"/> INDIVIDUAL PAYOR (IP) <input type="checkbox"/> OTHER WORKING GROUP (OWG, if income is less than P1,000.00)
	LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER					<input type="checkbox"/>
FATHER					<input type="checkbox"/>
*MOTHER <i>(Maiden Name)</i>					<input type="checkbox"/>
*SPOUSE <i>(If Married)</i>					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>
*DATE OF BIRTH [][] [][] [][][][] [][][][] m m d d y y y y		*MARITAL STATUS <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		TAXPAYERS IDENTIFICATION NUMBER (TIN) [][][][] [][][][] [][][][] [][][][]	
*PLACE OF BIRTH <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>		CITIZENSHIP		SSS/GSIS NUMBER [][][][] [][][][] [][][][] [][][][]	
*SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT _____ (m)	WEIGHT _____ (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i> [][][][] [][][][] [][][][] [][][][]		FREQUENCY OF MS PAYMENT <i>(If payment of contribution is not thru payroll deduction)</i> <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly		EMPLOYEE NUMBER [][][][] [][][][] [][][][] [][][][] <i>For AFP/PNP Employee, Serial/Badge No.</i> [][][][] [][][][] [][][][] [][][][] <i>For DepEd Employee, Division Code-Station Code</i> [][][][] [][][][] [][][][] [][][][]	
ADDRESS AND CONTACT DETAILS					
*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name Subdivision					<i>(Indicate country code if abroad)</i> COUNTRY + AREA CODE TELEPHONE NUMBER
Barangay Municipality/City Province/State/Country <i>(if abroad)</i> ZIP Code					Home [][][][] [][][][] [][][][] [][][][]
PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name Subdivision					*Cell Phone [][][][] [][][][] [][][][] [][][][]
Barangay Municipality/City Province/State/Country <i>(if abroad)</i> ZIP Code					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)*

*EMPLOYER/BUSINESS NAME			MONTHLY INCOME													
			Basic _____													
*EMPLOYER/BUSINESS ADDRESS			Allowances/Others + _____													
Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.			Total Mo. Income = _____													
Street Name Subdivision Barangay			*TYPE OF WORK <i>(For OFWs only)</i>													
			<input type="checkbox"/> Land-based <input type="checkbox"/> Sea-based													
Municipality/City Province State/Country (If abroad) ZIP Code			OFFICE ASSIGNMENT													
			<input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____													
*OCCUPATION		*EMPLOYMENT STATUS		*FROM												
		<input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Casual <input type="checkbox"/> Project-based <input type="checkbox"/> Part-time/Temporary		<table border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>							m	m	y	y	y	y
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***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																								
			<table border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>								m	m	y	y	y	y	<table border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>							m	m	y	y	y	y
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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 <small>(Check only if applicable)</small>	RELATIONSHIP	DATE OF BIRTH												
				<input type="checkbox"/>		<table border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td></tr> </table>							m	m	d	d	y	y
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I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

_____ _____

SIGNATURE OF MEMBER DATE

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.*