



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

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REGISTRATION TRACKING NUMBER

917167580396

INSTRUCTIONS

1. 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.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All fields which are 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 EMPLOYED".
5. The "NAME EXTENSION" shall refer to JR., II, III and the like.
6. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
7. On the "OCCUPATION" portion, indicate occupation based on the List of Occupation, as provided in the Philippine Standard Occupational Classification (PSOC).
8. 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.
9. For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to the concerned Pag-IBIG Branch.

*OCCUPATIONAL STATUS		<input type="checkbox"/> EMPLOYED		<input checked="" type="checkbox"/> UNEMPLOYED/ NOT YET EMPLOYED	
*MEMBERSHIP CATEGORY					
MANDATORY					
<input type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	
<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT		<input type="checkbox"/> NON-WORKING SPOUSE		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION	
<input type="checkbox"/> OTHERS		Please specify _____			
VOLUNTARY					
EMPLOYED					
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					
LAST NAME		FIRST NAME		NAME EXTENSION (e.g. Jr., II)	
BAUTISTA		JEDDEL		LAOYAN	
FATHER		BAUTISTA		ONOFRE	
*MOTHER (Maiden Name)		LAOYAN		DELFINA	
*SPOUSE (If Married)					
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE		BAUTISTA		JEDDEL	
DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
0 1 1 1 9 9 7		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled		4 9 7 3 6 9 1 1 8	
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) SAN FERNANDO CITY, LA UNION		*CITIZENSHIP FILIPINO		SSS/GSIS NUMBER	
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		HEIGHT 147 (cm)		WEIGHT 51 (kg)	
COMMON REFERENCE NUMBER (CRN) (If Available)		PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)		EMPLOYEE NUMBER	
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		For AFP/PNP Employee, Serial/Badge No.	
				For DepEd Employee, Division Code-Station Code	
ADDRESS AND CONTACT DETAILS					
*PERMANENT HOME ADDRESS				(Indicate country code if abroad)	
Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name Subdivision				COUNTRY + AREA CODE TELEPHONE NUMBER	
Barangay CASILAGAN Municipality/City NAGUILLAN Province/State/Country (if abroad) LA UNION ZIP Code 2511				Home	
*PRESENT HOME ADDRESS				Cell Phone	
Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name Subdivision				0909 8371863	
Barangay CASILAGAN Municipality/City NAGUILLAN Province/State/Country (if abroad) LA UNION ZIP Code 2511				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	
				jeddelbautista@gmail.com	

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

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

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 m m y y y y	TO m m y y y y
EMPLOYER/BUSINESS NAME			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS			FROM m m y y y y	TO m m y y y y
EMPLOYER/BUSINESS NAME			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS			FROM m m y y y y	TO 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
DECENA	CRISDEL JHADE		BAUTISTA	<input type="checkbox"/>	DAUGHTER	0 5 1 6 2 0 1 4 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

06/16/2017

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.