

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

*OCCUPATION BUSINESS ADMINISTRATION SENIOR ASSOCIATE		EMPLOYMENT STATUS <input 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 GOOGLE OPERATIONS CENTER, INC				MONTHLY INCOME Basic 36,838	
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. 25TH FLR SIX / NEO BLDG 5TH AVE CORNER				Allowances/Others 2,800	
Street Name Subdivision Barangay 26TH STREET				Total Mo. Income 39,638	
Municipality/City Province State/Country (If abroad) ZIP Code TAGUIG				OFFICE ASSIGNMENT <input checked="" type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
				DATE EMPLOYED (Month, Year) MARCH, 2022	

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

EMPLOYER/BUSINESS NAME ACCENTURE, INC		OFFICE ASSIGNMENT <input checked="" type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS ROBINSONS CYBERGATE TOWER 1, PIONEER ST., MANDALUONG, 1554		FROM TO 1 0 2 0 1 2 0 3 2 0 2 2 m m y y y y m m y y y y	
EMPLOYER/BUSINESS NAME DU JIN OPTICAL ELECTRONICS, INC.		OFFICE ASSIGNMENT <input checked="" type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS 702A, ROSARIO, CAVITE		FROM TO 0 1 2 0 1 1 0 7 2 0 1 2 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 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
N/A				<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

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

3/29/2022

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.



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

1 2 1 0 2 2 2 8 8 9 8 6

REGISTRATION TRACKING NUMBER

INSTRUCTIONS

1. 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.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All fields marked with asterisk (*) are mandatory.
4. On the "OCCUPATIONAL STATUS" portion, if not employed or purpose is pre-employment, 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 your job, profession, or type of work to earn a living.
8. On the "HEIRS" portion, the provision on the Laws on Succession, under the New Civil 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 any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS		<input checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED	
				<input type="checkbox"/> CHECK THIS BOX IF FIRST TIME JOB SEEKER	
*MEMBERSHIP CATEGORY					
MANDATORY			VOLUNTARY		
<input checked="" type="checkbox"/> EMPLOYED (PRIVATE) <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> EMPLOYED (GOVERNMENT) <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER <input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD <input type="checkbox"/> JOB ORDER PERSONNEL <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW) <input type="checkbox"/> OTHER EARNING GROUP (OEGs)			<input type="checkbox"/> EMPLOYED (FOREIGN GOVERNMENT) <input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION <input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP <input type="checkbox"/> OTHERS, Please specify <input type="checkbox"/> PENSIONER/INVESTOR/LESSOR		
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	BACTAD	FATIMA DAWN		FLORES	<input type="checkbox"/>
FATHER	BACTAD	ALLAN		PERALTA	<input type="checkbox"/>
*MOTHER (Maiden Name)	FLORES	GERTRUDES		ELEMENCIL	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE		FATIMA DAWN FLORES BACTAD <input type="checkbox"/>			
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
1 1 0 2 1 9 8 8 m m d d y y y y		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		3 0 9 5 6 4 5 7 6	
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)		*CITIZENSHIP		SSS/GSIS NUMBER	
SUBIC, ZAMBALES		FILIPINO		0 2 2 8 5 9 8 9 8 3	
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)		
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	160 (cm)	54 (kg)			
COMMON REFERENCE NUMBER (CRN) (If Available)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction)		EMPLOYEE NUMBER	
[] [] [] [] [] [] [] [] [] []		<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	COUNTRY + AREA CODE TELEPHONE NUMBER
		263		NARRA ST.	Home
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Cell Phone
	ILWAS	SUBIC	ZAMBALES	2209	03 998 5874516
*PRESENT HOME ADDRESS					Business (Direct Line)
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name	Business (Trunk Line) Local
		263		NARRA ST.	
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Email Address
	ILWAS	SUBIC	ZAMBALES	2209	
*PREFERRED MAILING ADDRESS					
<input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.