



# MEMBER'S DATA FORM (MDF)

## FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

1 2 1 2 5 1 3 5 5 9 4 0

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 one 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 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 your job, profession, or type of work to earn a living.
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 any Pag-IBIG Branch nearest you.

### \*OCCUPATIONAL STATUS

☐ EMPLOYED

☐ UNEMPLOYED/NOT YET EMPLOYED

### \*MEMBERSHIP CATEGORY

#### MANDATORY

☐ EMPLOYED PRIVATE

☐ EMPLOYED GOVERNMENT

☐ OVERSEAS FILIPINO WORKER (OFW)

☐ SELF-EMPLOYED (SE)

☐ PROFESSIONAL/BUSINESS OWNER

☐ JOB ORDER PERSONNEL

☐ OTHER EARNING GROUPS (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<br>(e.g. Jr., II) | MIDDLE NAME | NO MIDDLE NAME<br>(check if applicable only) |
|---|-----------|-------------|----------------------------------|-------------|--|
| *MEMBER   | REYES     | NEIL ANDREI |                                  |             | <input type="checkbox"/>                     |
| FATHER  |           |             |                                  |             | <input type="checkbox"/>                     |
| *MOTHER (Maiden Name)                               | REYES     | HERMENIA    |                                  | DANIELES    | <input type="checkbox"/>                     |
| *SPOUSE (If Married)                                |           |             |                                  |             | <input type="checkbox"/>                     |
| MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE |           |             |                                  |             | <input type="checkbox"/>                     |

|  |                                    |   |   |
|--|------------------------------------|---|---|
| <b>*DATE OF BIRTH</b><br><div>0 4 0 5 1 9 9 7</div> <div>m m d d y y y y</div>   |                                    | <b>*MARITAL STATUS</b><br><input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled<br><input type="checkbox"/> Married <input type="checkbox"/> Legally Separated                                 | <b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b><br><div>7 8 2 6 0 0 3 6 5</div>   |
| <b>*PLACE OF BIRTH (City/Municipality/Province/Country)</b><br>(Please indicate country if born outside the Philippines)<br><b>Cebu City</b> |                                    | <b>*CITIZENSHIP</b><br><b>Filipino</b>  | <b>SSS/GSIS NUMBER</b><br><div>0 6 4 3 0 8 7 0 4 0</div>  |
| <b>*SEX</b><br><input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female   | <b>HEIGHT</b><br><b>1 6 9</b> (cm) | <b>WEIGHT</b><br><b>5 7</b> (kg)  | <b>EMPLOYEE NUMBER</b><br><div>For AFP/PNP Employee, Serial/Badge No.</div> <div>For DepEd Employee, Division Code-Station Code</div> |
| <b>COMMON REFERENCE NUMBER (CRN)</b><br>(If Available)<br><div></div>  |                                    | <b>FREQUENCY OF MEMBERSHIP SAVINGS (MS)</b><br><b>PAYMENT</b> (If payment of MS is not thru payroll deduction)<br><input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Annually |   |

### ADDRESS AND CONTACT DETAILS

|  |          |                   |                                    |          |   |  |
|--|----------|-------------------|------------------------------------|----------|---|--|
| <b>*PERMANENT HOME ADDRESS</b><br>Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name  |          |                   |                                    |          | (Indicate country code if abroad)<br><b>COUNTRY + AREA CODE</b> <b>TELEPHONE NUMBER</b><br>Home |  |
| Subdivision  | Barangay | Municipality/City | Province/State/Country (if abroad) | ZIP Code |   |  |
| P-Geranium   | Tungkil  | Minglanilla       | Cebu                               | 6046     |   |  |
| <b>*PRESENT HOME ADDRESS</b><br>Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name  |          |                   |                                    |          | Cell Phone<br><b>+63</b> <b>9081913265</b>  |  |
| Subdivision  | Barangay | Municipality/City | Province/State/Country (if abroad) | ZIP Code | Business (Direct Line)  |  |
| P-Geranium   | Tungkil  | Minglanilla       | Cebu                               | 6046     | Business (Trunk Line) Local   |  |
| <b>*PREFERRED MAILING ADDRESS</b><br><input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address |          |                   |                                    |          | Email Address<br><b>neilandreireyes211@gmail.com</b>  |  |

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

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

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

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

|   |   |
|---|---|
| EMPLOYER/BUSINESS NAME                                    | OFFICE ASSIGNMENT   |
| Gaisano Capital Corp.                                     | <input checked="" type="checkbox"/> Head Office <input type="checkbox"/> Branch _____ |
| EMPLOYER/BUSINESS ADDRESS                                 | FROM TO   |
| General Maxilom Avenue, North Reclamation Area, Cebu City | 0 6 2 0 1 9 0 3 2 0 2 0   |
|   | m m y y y y m m y y y y   |
| EMPLOYER/BUSINESS NAME                                    | OFFICE ASSIGNMENT   |
| Cebu Atlantic Hardware Inc.                               | <input checked="" type="checkbox"/> Head Office <input type="checkbox"/> Branch _____ |
| EMPLOYER/BUSINESS ADDRESS                                 | FROM TO   |
| B. Aranas Street, San Nicolas Property, CEBU              | 0 3 2 0 2 0 0 4 2 0 2 1   |
|   | 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<br>EXTENSION | MIDDLE NAME | NO MIDDLE NAME<br>(Check only if applicable) | RELATIONSHIP | DATE OF BIRTH   |
|-----------|--------------|-------------------|-------------|--|--------------|-----------------|
| Reyes     | Trina Isabel |                   |             | <input type="checkbox"/>                     | SISTER       | 0 7 2 7 1 9 9 8 |
|           |              |                   |             |  |              | m m d d y y y y |
| Reyes     | Arnel        |                   |             | <input type="checkbox"/>                     | BROTHER      | 1 0 2 5 1 9 9 6 |
|           |              |                   |             |  |              | 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

12/02/2021

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.