



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY									
Pag-IBIG MID NUMBER									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 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 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 <input type="checkbox"/> PROFESSIONAL/BUSSINESS OWNER <input type="checkbox"/> JOB ORDER PERSONNEL <input type="checkbox"/> OTHER EARNING GROUP (OEGs)																												
		<input type="checkbox"/> EMPLOYED (FOREIGN GOVERNMENT) <input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP <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		<input type="checkbox"/>																												
FATHER		<input type="checkbox"/>																												
*MOTHER (Maiden Name)		<input type="checkbox"/>																												
*SPOUSE (If Married)		<input type="checkbox"/>																												
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE		<input type="checkbox"/>																												
*DATE OF BIRTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><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><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>															m	m	d	d	y	y	y	y	y	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		
m	m	d	d	y	y	y	y	y	y	y	y	y																		
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)		*CITIZENSHIP																												
*SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		HEIGHT _____ (cm)	WEIGHT _____ (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)																										
COMMON REFERENCE NUMBER (CRN) (If Available)		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																												
ADDRESS AND CONTACT DETAILS																														
*PERMANENT HOME ADDRESS Unit/Rom 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 <input type="text"/> <input type="text"/> Cell Phone <input type="text"/> <input type="text"/>																														
*PRESENT HOME ADDRESS Unit/Rom No., Floor Building Name Lot No., Block No., Phase No. House No Street Name																														
Business (Direct Line) <input type="text"/> Business (Trunk Line) <input type="text"/> Local <input type="text"/> Email Address <input type="text"/>																														
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address																														

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			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	
*EMPLOYER/BUSINESS NAME			MONTHLY INCOME <i>Basic</i> _____ + <i>Allowances/Others</i> _____ =	
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.			<i>Total Mo. Income</i> _____	
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 <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
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
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____											
EMPLOYER/BUSINESS ADDRESS	FROM					TO						
	m	m	v	v	v	v	m	m	v	v	v	v

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)

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.