



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

1 2 1 1 4 1 6 6 6 6 3 3

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.

<b>*OCCUPATIONAL STATUS</b>		<input type="checkbox"/> EMPLOYED		<input checked="" type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED	
<b>*MEMBERSHIP CATEGORY</b>					
<b>MANDATORY</b>			<b>VOLUNTARY</b>		
<input type="checkbox"/> EMPLOYED PRIVATE <input type="checkbox"/> EMPLOYED GOVERNMENT <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)			<input type="checkbox"/> SELF-EMPLOYED (SE) <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER <input type="checkbox"/> JOB ORDER PERSONNEL <input type="checkbox"/> OTHER EARNING GROUPS (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		
			<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION <input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT <input type="checkbox"/> OTHERS, <i>Please specify</i>		
<b>PERSONAL DETAILS</b>					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	BORLONGAN	JONATHAN		HELING	<input type="checkbox"/>
FATHER	BORLONGAN	EDUARDO	SR.	TORRES	<input type="checkbox"/>
*MOTHER (Maiden Name)	HELING	CAROLINA			<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE		JONATHAN H. BORLONGAN <input type="checkbox"/>			
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
1 1 0 4 1 9 9 0 m m d d y y y y		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Legally Separated		7 4 6 4 0 8 3 7 3	
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)		*CITIZENSHIP		SSS/GSIS NUMBER	
PAOMBONG, BULACAN		FILIPINO		3 4 1 3 7 1 5 1 6 7	
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	175 (cm)	69 (kg)			
COMMON REFERENCE NUMBER (CRN) (If Available)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction)		For AFP/PNP Employee, Serial/Badge No.	
0 1 1 1 6 6 6 9 2 4 6 1		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually		For DepEd Employee, Division Code-Station Code [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
<b>ADDRESS AND CONTACT DETAILS</b>					
*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
			082		TELEPHONE NUMBER
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Home
LATORIA	NAIC	CAVITE		4110	Cell Phone
*PRESENT HOME ADDRESS					0935 4329411
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Business (Direct Line)
			082		
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Business (Trunk Line)
LATORIA	NAIC	CAVITE		4110	Local
*PREFERRED MAILING ADDRESS					Email Address
<input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					jonathan110490@gmail.com

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"/> Land-based <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) Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.			Allowances/Others _____
			= _____
			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)	DATE EMPLOYED (Month, Year)
		ZIP Code	

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

EMPLOYER/BUSINESS NAME <b>ZKS TRADING PHILIPPINES</b>	OFFICE ASSIGNMENT <input checked="" type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS <b>2F 201 DEL MONTE AVENUE, MASAMBONG Q.C</b>	FROM TO m m y y y y m m y y y y <b>2 0 1 5 2 0 1 6</b>
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

**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
BORLONGAN	EDUARDO	SR	TORRES	<input type="checkbox"/>	FATHER	1 2 3 0 1 9 6 5 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

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.