



MEMBER'S DATA FORM (MDF)

HQP-PFF

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

1210 2838 5291

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 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 L. 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 the concerned Pag-IBIG Branch.

*OCCUPATIONAL STATUS		<input checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/ NOT YET EMPLOYED	
*MEMBERSHIP CATEGORY					
MANDATORY		<input checked="" type="checkbox"/> EMPLOYED PRIVATE			
		<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	
VOLUNTARY		<input type="checkbox"/> SELF-EMPLOYED (SE)			
<input type="checkbox"/> EMPLOYED		<input type="checkbox"/> INDIVIDUAL PAYOR (IP)			
<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT		<input type="checkbox"/> NON-WORKING SPOUSE			
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP			
		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR			
		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION			
		<input type="checkbox"/> OTHERS <small>Please specify</small>			
	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable)
*MEMBER	Pinogos	Josephine		Labasa	<input type="checkbox"/>
FATHER	Labasa	Cesar		Caadyag	<input type="checkbox"/>
*MOTHER (Maiden Name)	Tesado	Merlinda		Ansano	<input type="checkbox"/>
*SPOUSE (If Married)	Pinogos	Gregorio Jr.		Pavo	<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	Labasa	Josephine		Tesado	<input type="checkbox"/>
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
02 02 1981		<input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled		289 683 398	
		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Legally Separated			
*PLACE OF BIRTH (City/Municipality/Province/Country)		*CITIZENSHIP		SSS/GSIS NUMBER	
Zone V Sagod So. Lyfte		Filipino		0630813285	
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)		
<input type="checkbox"/> Male	5'2 (cm)	60 (kg)			
<input checked="" type="checkbox"/> Female					
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.	
		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually			
		<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		For DepEd Employee, Division Code-Station Code	
ADDRESS AND CONTACT DETAILS					
*PERMANENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision
Barangay	Municipality/City	Province/State/Country (if abroad)		ZIP Code	
Zone V	Sagod	So. Lyfte		6606	
*PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision
Barangay	Municipality/City	Province/State/Country (if abroad)		ZIP Code	
Zone V	Sagod	So. Lyfte		6606	
*PREFERRED MAILING ADDRESS					
<input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					
(Indicate country code if abroad)					
COUNTRY + AREA CODE					
TELEPHONE NUMBER					
Home					
Cell Phone					
Business (Direct Line)					
Business (Trunk Line)					
Local					
Email Address					

PRESENT EMPLOYMENT DETAILS (If with more than one (1) employer, use separate sheet and follow format below)						
*EMPLOYER/BUSINESS NAME <div style="font-size: 1.2em; font-family: cursive;">HAYILAH Polymedic</div>			MONTHLY INCOME Basic <div style="font-size: 1.2em; font-family: cursive;">8,000.00</div>			
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.			Allowances/Others + Total Mo. Income = <div style="font-size: 1.2em; font-family: cursive;">8,000.00</div>			
Street Name Subdivision Barangay <div style="font-size: 1.2em; font-family: cursive;">Baguac Ext Zone V</div>			*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 <div style="font-size: 1.2em; font-family: cursive;">Sogod So. Leyte 6606</div>			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 <div style="font-size: 1.2em; font-family: cursive;">SOULEY MD. SERVICES</div>			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch			
EMPLOYER/BUSINESS ADDRESS <div style="font-size: 1.2em; font-family: cursive;">L. Regis St. Zone V Sogod So. Leyte</div>			FROM TO <div style="font-size: 1.2em; font-family: cursive;">01 2009 09 2017</div> <small>m m y y y y m m y y y y</small>			
EMPLOYER/BUSINESS NAME			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch			
EMPLOYER/BUSINESS ADDRESS			FROM TO <div style="font-size: 1.2em; font-family: cursive;"> </div> <small>m m y y y y m m y y y y</small>			
EMPLOYER/BUSINESS NAME			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch			
EMPLOYER/BUSINESS ADDRESS			FROM TO <div style="font-size: 1.2em; font-family: cursive;"> </div> <small>m m y y y y m m y y y y</small>			
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
Pingos	Gregorio Jr.		Payo	<input type="checkbox"/>	Husband	<div style="font-size: 1.2em; font-family: cursive;">03 02 1977</div> <small>m m d d y y y y</small>
Pingos	Gracejoy		Labasa	<input type="checkbox"/>	Daughter	<div style="font-size: 1.2em; font-family: cursive;">12 03 2000</div> <small>m m d d y y y y</small>
Pingos	Mark David		Labasa	<input type="checkbox"/>	Son	<div style="font-size: 1.2em; font-family: cursive;">06 27 2013</div> <small>m m d d y y y y</small>
				<input type="checkbox"/>		<div style="font-size: 1.2em; font-family: cursive;"> </div> <small>m m d d y y y y</small>

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 programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which