

MID - 1210-0760-9348
HQP-PFF



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

911221028629
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 per 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 accompany 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"/> PENSIONER/INVESTOR/LESSOR	
<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT		<input type="checkbox"/> NON-WORKING SPOUSE		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION	
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> OTHERS Please specify	
	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable)
*MEMBER	LAZAGA	MARELYN		ZABAHUG	<input type="checkbox"/>
FATHER	LAZAGA	ESTELITO		BARAN	<input type="checkbox"/>
*MOTHER (Maiden Name)	ZABAHUG	MA. PAZ		TANTON	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
07/04/1988		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		411001327	
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)		*CITIZENSHIP		SSS/GSIS NUMBER	
		FILIPINO		0631385770	
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)		EMPLOYEE NUMBER
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	124 (cm)	62 (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.	
		<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/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	
TALISAY	BONTOC	SOUTHERN LEYTE		6604	
*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	
TALISAY	BONTOC	SOUTHERN LEYTE		6604	
*PREFERRED MAILING ADDRESS					
<input checked="" 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 <small>(If with more than one (1) employer, use separate sheet and follow format below)</small>					
*EMPLOYER/BUSINESS NAME <div style="text-align: center; font-size: 1.2em;">HAYILAH POLYMEDIC</div>			MONTHLY INCOME Basic ₱ 1,140		
*EMPLOYER/BUSINESS ADDRESS <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. </div>			<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Allowances/Others + </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Total Mo. Income = </div>		
<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Street Name Subdivision Barangay </div> <div style="display: flex; justify-content: space-between; font-size: 1.1em;"> BAGARES EXTENSION 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)		
<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Municipality/City Province *State/Country (If abroad) ZIP Code </div> <div style="display: flex; justify-content: space-between; font-size: 1.1em;"> SOBOG 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 <small>(Use another sheet if necessary)</small>					
EMPLOYER/BUSINESS NAME <div style="text-align: center; font-size: 1.1em;">BAICANO CAPITAL SOBOG</div>			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input checked="" type="checkbox"/> Branch SOBOG		
EMPLOYER/BUSINESS ADDRESS <div style="text-align: center; font-size: 1.1em;">SOBOG SOUTHERN LEYTE</div>			<div style="display: flex; justify-content: space-between;"> <div style="font-size: 0.8em;">FROM</div> <div style="font-size: 0.8em;">TO</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.9em;">062011</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.9em;">012012</div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> <div>m m y y y y</div> <div>m m y y y y</div> </div>		
EMPLOYER/BUSINESS NAME <div style="text-align: center; font-size: 1.1em;">CORROMPIDO SPECIALTY HOSPITAL</div>			OFFICE ASSIGNMENT <input checked="" type="checkbox"/> Head Office <input type="checkbox"/> Branch		
EMPLOYER/BUSINESS ADDRESS <div style="text-align: center; font-size: 1.1em;">SOBOG SOUTHERN LEYTE</div>			<div style="display: flex; justify-content: space-between;"> <div style="font-size: 0.8em;">FROM</div> <div style="font-size: 0.8em;">TO</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.9em;">092015</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.9em;">092017</div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> <div>m m y y y y</div> <div>m m y y y y</div> </div>		
EMPLOYER/BUSINESS NAME			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch		
EMPLOYER/BUSINESS ADDRESS			<div style="display: flex; justify-content: space-between;"> <div style="font-size: 0.8em;">FROM</div> <div style="font-size: 0.8em;">TO</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.9em;"> </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.9em;"> </div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> <div>m m y y y y</div> <div>m m y y y y</div> </div>		
HEIRS <small>(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)</small>					
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME <small>(Check only if applicable)</small>	RELATIONSHIP
LAZAGA	XHYLE			<input checked="" type="checkbox"/>	SON
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
DATE OF BIRTH					<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.9em;">01292010</div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.7em;"> <div>m m d d y y y y</div> </div>

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

SIGNATURE OF MEMBER

DATE

4/6/18

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