



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
REGISTRATION TRACKING NUMBER											
919278149096											

## 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		<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	MENDOZA	ANGELO		RAMOS	<input type="checkbox"/>
FATHER	MENDOZA	ANGELITO		IBARA	<input type="checkbox"/>
*MOTHER (Maiden Name)	RAMOS	AILINITA		DELA CRUZ	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	MENDOZA	ANGELO		RAMOS	<input type="checkbox"/>
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
0 9 1 0 1 9 9 8 <small>m m d d y y y y</small>		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)		*CITIZENSHIP		SSS/GSIS NUMBER	
MALOLOS CITY, BULACAN		FILIPINO		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	170 (cm)	53 (kg)			
COMMON REFERENCE NUMBER (CRN) (If Available)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction)		EMPLOYEE NUMBER	
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually		[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
				For AFP/PNP Employee, Serial/Badge No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
				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 TELEPHONE NUMBER
			122	PATOLA	Home
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Cell Phone
	DONACION	ANGAT	BULACAN	3012	0935 2494337
*PRESENT HOME ADDRESS					Business (Direct Line)
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Business (Trunk Line) Local
			122	PATOLA	
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Email Address
	DONACION	ANGAT	BULACAN	3012	angelomendoza721@yahoo.com
*PREFERRED MAILING ADDRESS					
<input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					

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

*OCCUPATION	EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/ <input type="checkbox"/> Casual <input type="checkbox"/> Project-based    Temporary	TYPE OF WORK (For OFW only) (Pls. specify country of assignment) <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 _____ + _____ Allowances/Others _____ = _____ Total Mo. Income _____	
*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.		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
Street Name	Subdivision		Barangay
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 <table border="1"> <tr> <td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> <td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	m	m	y	y	y	y	m	m	y	y	y	y
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 <table border="1"> <tr> <td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> <td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	m	m	y	y	y	y	m	m	y	y	y	y
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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																				
MENDOZA	ANGELITO		IBARRA	<input type="checkbox"/>	FATHER	<table border="1"> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>1</td><td></td><td>1</td><td>9</td><td>7</td><td>4</td> </tr> <tr> <td>m</td><td>m</td><td></td><td>d</td><td>d</td><td></td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	0	5		2	1		1	9	7	4	m	m		d	d		y	y	y	y
0	5		2	1		1	9	7	4																	
m	m		d	d		y	y	y	y																	
MENDOZA	AILINITA		RAMOS	<input type="checkbox"/>	MOTHER	<table border="1"> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>1</td><td>9</td><td>7</td><td>9</td> </tr> <tr> <td>m</td><td>m</td><td></td><td>d</td><td>d</td><td></td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	0	4		1	7		1	9	7	9	m	m		d	d		y	y	y	y
0	4		1	7		1	9	7	9																	
m	m		d	d		y	y	y	y																	
MENDOZA	AETAN JOSHUA		RAMOS	<input type="checkbox"/>	BROTHER	<table border="1"> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>2</td> </tr> <tr> <td>m</td><td>m</td><td></td><td>d</td><td>d</td><td></td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	1	1		1	4		2	0	1	2	m	m		d	d		y	y	y	y
1	1		1	4		2	0	1	2																	
m	m		d	d		y	y	y	y																	
				<input type="checkbox"/>		<table border="1"> <tr> <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></td><td>d</td><td>d</td><td></td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>											m	m		d	d		y	y	y	y
m	m		d	d		y	y	y	y																	

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

10/05/2019

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.