



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

1 2 1 2 1 3 1 0 2 2 6 6

REGISTRATION TRACKING NUMBER

9173 1275 9413

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	
*MEMBERSHIP CATEGORY					
MANDATORY			VOLUNTARY		
<input type="checkbox"/> EMPLOYED PRIVATE <input type="checkbox"/> EMPLOYED GOVERNMENT <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)			<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT <input checked="" 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"/> 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"/> MEMBER OF COOPERATIVE/TRADE UNION <input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT <input type="checkbox"/> OTHERS, Please specify		
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	MALAYANG	BENSIE	JR.	TOLBO	<input type="checkbox"/>
FATHER	MALAYANG	BENSIE		FLORES	<input type="checkbox"/>
*MOTHER (Maiden Name)	TOLBO	FLORITA		SILVA	<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)	
02 26 1996		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)		*CITIZENSHIP		SSS/GSIS NUMBER	
DGTB, CITY ORIENTAL NEGROS		FILIPINO		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)		
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	509 (cm)	55 (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.	
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
				For DepEd Employee, Division Code-Station Code	
				<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
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	
CASA ALICIA	CANDAUAY	DGTB	ORIENTAL NEGROS PHIL.	6200	
*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	
CASA ALICIA	CANDAUAY	DGTB	ORIENTAL NEGROS PHIL.	6200	
*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					
sccccccarlet@gmail.com					

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.