

FOR Pag-IBIG Fund USE ONLY												
Pag-IBIG MID NUMBER												
REGISTRATION TRACKING NUMBER												
919157324977												

\*OCCUPATIONAL STATUS

☒EMPLOYED

☐UNEMPLOYED/NOT YET EMPLOYED

\*MEMBERSHIP CATEGORY

MANDATORY

☒EMPLOYED PRIVATE

☐EMPLOYED GOVERNMENT

☐OVERSEAS FILIPINO WORKER (OFW)

☐SELF-EMPLOYED (SE)

☐PROFESSIONAL/BUSINESS OWNER

☐JOB ORDER PERSONNEL

☐OTHER EARNING GROUPS (OEGs)

VOLUNTARY

☐EMPLOYED FOREIGN GOVERNMENT

☐BARANGAY OFFICIAL/EMPLOYEE

☐NON-WORKING SPOUSE

☐MEMBER OF RELIGIOUS GROUP

☐PENSIONER/INVESTOR/LESSOR

☐MEMBER OF COOPERATIVE/  
TRADE UNION

☐OVERSEAS FILIPINO IMMIGRANT

☐OTHERS, Please specify

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER	BONOS	JAMES RUSSEL		GREFALDO	<input type="checkbox"/>
FATHER	BONOS	RODEL		GRATELA	<input type="checkbox"/>
*MOTHER <i>(Maiden Name)</i>	GREFALDO	ROSELYN		DOLOSA	<input type="checkbox"/>
*SPOUSE <i>(If Married)</i>					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	BONOS	JAMES RUSSEL		GREFALDO	<input type="checkbox"/>

\*DATE OF BIRTH

08271997

*m m d d y y y y*

\*PLACE OF BIRTH *(City/Municipality/Province/Country)*  
*(Please indicate country if born outside the Philippines)*

SORSOGON, SORSOGON

\*SEX

☒ Male  
☐ Female

HEIGHT

180 (cm)

WEIGHT

80 (kg)

COMMON REFERENCE NUMBER (CRN)  
*(If Available)*

\*MARITAL STATUS

☒ Single/Unmarried  
☐ Married

☐ Widow/er  
☐ Legally Separated

☐ Annulled

\*CITIZENSHIP

FILIPINO

PROMINENT DISTINGUISHING FACIAL FEATURES  
*(Ex. Moles, Scars, etc.)*

TAXPAYER IDENTIFICATION NUMBER (TIN)

SSS/GSIS NUMBER

0515102888

EMPLOYEE NUMBER

*For AFP/PNP Employee, Serial/Badge No.*

*For DepEd Employee, Division Code-Station Code*

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS						<i>(Indicate country code if abroad)</i>	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	COUNTRY + AREA CODE	TELEPHONE NUMBER	
			3923	RIZAL STREET	Home		
Subdivision	Barangay PIOT	Municipality/City SORSOGON	Province/State/Country <i>(if abroad)</i> SORSOGON	ZIP Code			
				4700	Cell Phone		
					0948	8932405	
*PRESENT HOME ADDRESS						Business (Direct Line)	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name			
			3923	RIZAL STREET	Business (Trunk Line)	Local	
Subdivision	Barangay PIOT	Municipality/City SORSOGON	Province/State/Country <i>(if abroad)</i> SORSOGON	ZIP Code			
				4700	Email Address		
*PREFERRED MAILING ADDRESS						jamesrusnel.bonos@gmail.com	
<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 COMPUTER PROGRAMMERS	EMPLOYMENT STATUS <input checked="" 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) KARLO ALAMARES		MONTHLY INCOME Basic 7,400.00 + Allowances/Others 0.00 = Total Mo. Income 7,400.00
*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. 201 JRE BLDG		OFFICE ASSIGNMENT <input checked="" type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
Street Name	Subdivision	Barangay
Municipality/City DARAGA (LOCSIN)	Province ALBAY	State/Country (If abroad) ZIP Code 4501
		DATE EMPLOYED (Month, Year) March 2019

**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 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
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
				<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
				<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

06/06/2019

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.