

# MEMBER'S DATA FORM (MDF)

REGISTRATION TRACKING NO.

912298120497 - 8/25/12

FOR HDMF USE ONLY

Pag-IBIG MID No.

## INSTRUCTIONS

- Submit this form in two (2) copies.
- Type or print all entries in BLOCK or CAPITAL LETTERS.
- The "NAME EXTENSION" shall refer to JR., II, III and the like.
- Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
- Accomplish only the "PERMANENT HOME ADDRESS" if it is different with the "PRESENT HOME ADDRESS".
- On the "BENEFICIARIES" portion, the provision on the Intestate Succession, as provided in the New Family Code shall be observed.
  - SINGLE - Mother, Father, Brother and/or Sister
  - MARRIED - Spouse, Son, Daughter, Mother and Father
- Upon submission of this form, present at least one (1) valid ID.
- For any subsequent change of information, please secure and accomplish two (2) copies of the Member's Change of Information Form (MCIF) [FPF110] and submit to the concerned HDMF Branch.

## MEMBERSHIP CATEGORY

## MANDATORY

- ☐ EMPLOYED PRIVATE  
☐ EMPLOYED GOVERNMENT  
☐ EMPLOYED PRIVATE HOUSEHOLD

## VOLUNTARY

- ☐ OVERSEAS FILIPINO WORKER (OFW)  
☐ SELF-EMPLOYED  
☐ EMPLOYED  
☐ INDIVIDUAL PAYOR

## OTHER PROGRAMS (VOLUNTARY)

- ☐ MODIFIED Pag-IBIG II (Cir. 276 dtd. 2/3/10)  
☐ Pag-IBIG II (Cir. 72 dtd. 10/23/89)  
☐ POP (Cir. 98 dtd. 10/2/91)  
☐ POP (Cir. 98-C dtd. 1/28/04)

	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
MEMBER	GAGUI	CARLICE		CARLICE	<input type="checkbox"/>
FATHER	GAGUI	WILFREDO		PAÑES	<input type="checkbox"/>
MOTHER (Maiden Name)	CARLICE	MARIA	CONCEPCION	MANORIAS	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

## DATE OF BIRTH

03 18 1988

## CIVIL STATUS

- ☒ Single  
☐ Married  
☐ Widower  
☐ Legally Separated  
☐ Annulled

## TAXPAYERS IDENTIFICATION NUMBER (TIN)

414 314 331

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

DAVAO CITY

## CITIZENSHIP

FILIPINO

## SSS/GSIS NUMBER

8928833964

## EMPLOYEE NUMBER

For AFP/PNP Employee, Serial/Badge No.

For DECS Employee, Division Code-Station Code

## GENDER

- ☐ Male  
☒ Female

## HEIGHT

5 (m)

## WEIGHT

55 (kg)

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

## COMMON REFERENCE NUMBER (CRN)/UNIFIED MULTI-PURPOSE ID NO. (If Available)

## PRESENT HOME ADDRESS

Unit/Room No., Floor Building Name  
KOMAGONG QUEZ EXODUS FATHER SELGA ST.

Lot No. Block No. Phase No. House No. Street Name

DAVAO CITY

Subdivision Barangay

Municipality/City Province ZIP Code

State/Country (if abroad)

## CONTACT DETAILS

(Indicate country code if abroad)

COUNTRY + AREA CODE TELEPHONE NUMBER

Home

Cell Phone

0907

0711080

Business (Direct Line)

305-8008

Business (Trunk Line)

305-8008

Local

104

Email Address

c.gagui@yahoo.com