



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NO.

1213 2590 0856

REGISTRATION TRACKING NUMBER

9272 2752 1957

INSTRUCTIONS

1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on a 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 not employed or purpose is pre-employment, select "UNEMPLOYED/NOT YET EMPLOYED". For first time jobseekers, select also the "CHECK THIS BOX IF FIRST TIME JOBSEEKERS".
5. The "NAME EXTENSION" shall refer to JR., I, 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, under the New Civil Code shall be observed.
9. For any subsequent change of information, please encode and accomplish Member's Change of Information Form (MCIF, HQP-PFF-045) and submit to any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS

☐ EMPLOYED☒ UNEMPLOYED/NOT YET EMPLOYED☐ CHECK THIS BOX IF FIRST TIME JOBSEEKERS

*MEMBERSHIP CATEGORY

MANDATORY

- ☐ EMPLOYED (PRIVATE)
☐ EMPLOYED (GOVERNMENT)
☐ EMPLOYED PRIVATE HOUSEHOLD
☐ OVERSEAS FILIPINO WORKER (OFW)

- ☒ SELF-EMPLOYED
☐ PROFESSIONAL/BUSINESS OWNER
☐ JOB ORDER PERSONNEL
☐ OTHER EARNING GROUP (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 (e.g. Jr., III)	MIDDLE NAME	NO MIDDLE NAME (check "X" above only)
*MEMBER	AGUSTIN	SHARIN MAE		PABATPAT	<input type="checkbox"/>
FATHER	AGUSTIN	NESTOR	JR	CASIMIRO	<input type="checkbox"/>
*MOTHER (Maiden Name)	PABATPAT	EMELYN		DESCARIDO	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH 1 2 0 3 1 9 9 7 m m d d y y y y		*MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		TAXPAYER IDENTIFICATION NUMBER (TIN) [] [] [] [] [] [] [] [] [] []	
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines) DPMC - CALUM CITY		*CITIZENSHIP FILIPINO		SSS/GSIS NUMBER [] [] [] [] [] [] [] [] [] []	
*SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	HEIGHT 149.78 (cm)	WEIGHT 50 (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex: Moles, Scars, etc.)		
COMMON REFERENCE NUMBER (CRN) (If Available) [] [] [] [] [] [] [] [] [] []		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		For AFP/PNP Employee, Serial/Badge No. [] [] [] [] [] [] [] [] [] []	
				For DepEd Employee, Division Code-Station Code [] [] [] [] [] [] [] [] [] []	

ADDRESS AND CONTACT DETAILS

*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
	MAEWS	CARMEN		PAYNO DEL NACIE	8001		
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)		ZIP Code	Home	
*PRESENT HOME ADDRESS						Cell Phone	
Unit/Room No., Floor	Building Name	Lot No., Block No.	Phase No.	House No.	Street Name	09167980-7174	
	MAEWS	CARMEN		PAYNO DEL NACIE	8001		
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)		ZIP Code	Business (Direct Line)	
						Business (Trunk Line)	Local
*PREFERRED MAILING ADDRESS						Email Address	
<input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address							

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.