

FOR Pag-IBIG Fund USE ONLY												
Pag-IBIG MID NUMBER												
REGISTRATION TRACKING NUMBER												
921245337581												

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"/> 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> _____																																
PERSONAL DETAILS																																			
NAME	LAST NAME	FIRST NAME	NAME EXTENSION <small>(e.g. Jr., II)</small>	MIDDLE NAME	NO MIDDLE NAME <small>(check if applicable only)</small>																														
*MEMBER	BELNAS	KEVIN		SERVANCIA	<input type="checkbox"/>																														
FATHER	BELNAS	EDGAR	JR	BAJALA	<input type="checkbox"/>																														
*MOTHER <small>(Maiden Name)</small>	SERVANCIA	LILIA		JUANILLO	<input type="checkbox"/>																														
*SPOUSE <small>(If Married)</small>					<input type="checkbox"/>																														
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	BELNAS	KEVIN		SERVANCIA	<input type="checkbox"/>																														
*DATE OF BIRTH <table border="1" style="width: 100%; text-align: center;"> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>1</td><td>9</td><td>9</td><td>7</td> </tr> <tr> <td><small>m</small></td><td><small>m</small></td><td></td><td><small>d</small></td><td><small>d</small></td><td></td><td><small>y</small></td><td><small>y</small></td><td><small>y</small></td><td><small>y</small></td> </tr> </table>		0	6		1	3		1	9	9	7	<small>m</small>	<small>m</small>		<small>d</small>	<small>d</small>		<small>y</small>	<small>y</small>	<small>y</small>	<small>y</small>	*MARITAL STATUS <input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		TAXPAYER IDENTIFICATION NUMBER (TIN) <table border="1" style="width: 100%; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
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*PLACE OF BIRTH <small>(City/Municipality/Province/Country)</small> <small>(Please indicate country if born outside the Philippines)</small> MLANG, NORTH COTABATO		*CITIZENSHIP FILIPINO		SSS/GSIS NUMBER <table border="1" style="width: 100%; text-align: center;"> <tr> <td>0</td><td>9</td><td>4</td><td>0</td><td>0</td><td>4</td><td>5</td><td>1</td><td>0</td><td>9</td> </tr> </table>		0	9	4	0	0	4	5	1	0	9																				
0	9	4	0	0	4	5	1	0	9																										
*SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT 142.24 (cm)	WEIGHT 57 (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES <small>(Ex. Moles, Scars, etc.)</small>		EMPLOYEE NUMBER <table border="1" style="width: 100%; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																														
COMMON REFERENCE NUMBER (CRN) <small>(If Available)</small> <table border="1" style="width: 100%; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <small>(If payment of MS is not thru payroll deduction)</small> <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		For AFP/PNP Employee, Serial/Badge No. <table border="1" style="width: 100%; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
				For DepEd Employee, Division Code-Station Code <table border="1" style="width: 100%; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																															
ADDRESS AND CONTACT DETAILS																																			
*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name				<small>(Indicate country code if abroad)</small> COUNTRY + AREA CODE TELEPHONE NUMBER Home																															
Subdivision PUROK MABINULIGON	Barangay NEW BARBAZA	Municipality/City MLANG	Province/State/Country <small>(if abroad)</small> NORTH COTABATO	ZIP Code 9402	<table border="1" style="width: 100%; text-align: center;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																														
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name				Cell Phone <table border="1" style="width: 100%; text-align: center;"> <tr> <td>0912</td><td>5380505</td> </tr> </table>		0912	5380505																												
0912	5380505																																		
Subdivision ROOM 712 Barangay MAGALLANES Municipality/City DAVAO CITY Province/State/Country <small>(if abroad)</small> DAVAO DEL SUR				ZIP Code 8000	Business (Direct Line) <table border="1" style="width: 100%; text-align: center;"> <tr> <td></td><td></td> </tr> </table>																														
Subdivision BOLTON Barangay EXTENSION Municipality/City DAVAO CITY Province/State/Country <small>(if abroad)</small> DAVAO DEL SUR				ZIP Code 8000	Business (Trunk Line) Local <table border="1" style="width: 100%; text-align: center;"> <tr> <td></td><td></td><td></td> </tr> </table>																														
*PREFERRED MAILING ADDRESS <input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address				Email Address kevinbelnas505@gmail.com																															

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
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EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____												
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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																
SERVANCIA	LILIA		JUANILLO	<input type="checkbox"/>	MOTHER	<table border="1"> <tr> <td>1</td><td>0</td><td>2</td><td>4</td><td>1</td><td>9</td><td>6</td><td>6</td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>	1	0	2	4	1	9	6	6	m	m	d	d	y	y	y	y
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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

09/02/2021

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.