

FOR Page-1(BIG Fund USE ONLY

Pap-IBIG MID NUMBER

[illegible]

REGISTRATION TRACKING NUMBER

916138102260

INSTRUCTIONS

- 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.
- Type or print all entries in BLOCK or CAPITAL LETTERS.
 - All fields which are marked with asterisk (*) are mandatory.
 - On the "OCCUPATIONAL STATUS" portion, if without employment or purpose * is one-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
 - 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.
 - On the "OCCUPATION" portion, indicate occupation based on the List of Occupation, as provided in the Philippine Standard Occupational Classification (PSOC).
 - 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.
 - For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to the concerned Pag-IBIG Branch.

OCCUPATIONAL STATUS		<input checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED	
MEMBERSHIP CATEGORY					
MANDATORY					
<input checked="" type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	
<input type="checkbox"/> VOLUNTARY		<input type="checkbox"/> SELF-EMPLOYED (SE)			
<input type="checkbox"/> EMPLOYED		<input type="checkbox"/> INDIVIDUAL PAYOR (IP)			
<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT		<input type="checkbox"/> NON-WORKING SPOUSE		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION	
		<input type="checkbox"/> OTHERS Please specify			
		LAST NAME		FIRST NAME	
		NAME EXTENSION (e.g. Jr., II)		MIDDLE NAME	
				NO MIDDLE NAME (check if applicable only)	
MEMBER		GALIA		MEA FLOR	
FATHER		GALIA		VITO	
MOTHER (Maiden Name)		MANTALABA		VIRGINIA	
SPOUSE (if Married)					
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE		GALIA		MEA FLOR	
				MANTALABA	
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
09/08/1995		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Annulled <input type="checkbox"/> Legally Separated			
PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)		CITIZENSHIP		SSS/GSIS NUMBER	
SANTO TOMAS, DAVAO DEL NORTE		FILIPINO		0940809361	
SEX		HEIGHT		WEIGHT	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		152 (cm)		42 (kg)	
COMMON REFERENCE NUMBER (CRN) (if Available)		PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)		EMPLOYEE NUMBER	
		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction)		For AFP/PNP Employee, Serial/Badge No.	
		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually			
				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, Subdivision				COUNTRY + AREA CODE TELEPHONE NUMBER	
Municipality/City, Province/State/Country (if abroad), ZIP Code				Home	
Municipality/City, Province/State/Country (if abroad), ZIP Code				Cell Phone	
Municipality/City, Province/State/Country (if abroad), ZIP Code				7527811	
PRESENT HOME ADDRESS				Business (Direct Line)	
Unit/Room No., Floor, Building Name, Lot No., Block No., Phase No., House No, Street Name, Subdivision					
Municipality/City, Province/State/Country (if abroad), ZIP Code				Business (Trunk Line)	
Municipality/City, Province/State/Country (if abroad), ZIP Code				Local	
PREFERRED MAILING ADDRESS				Email Address	
Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address <input type="checkbox"/>				sheelagaliao08@gmail.com	

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

(Rev. 03.1.01/2015)