



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

REGISTRATION TRACKING NUMBER

917185521888

INSTRUCTIONS

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 which are 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 occupation based on the List of Occupation, as provided in the Philippine Standard Occupational Classification (PSOC).
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 the concerned Pag-IBIG Branch.

*OCCUPATIONAL STATUS		<input type="checkbox"/> EMPLOYED		<input checked="" type="checkbox"/> UNEMPLOYED/ NOT YET EMPLOYED																															
*MEMBERSHIP CATEGORY																																			
MANDATORY																																			
<input type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)																															
<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"/> OTHERS Please specify _____																															
VOLUNTARY																																			
<input type="checkbox"/> EMPLOYED		<input type="checkbox"/> INDIVIDUAL PAYOR (IP)		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION																															
<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT		<input type="checkbox"/> NON-WORKING SPOUSE		<input type="checkbox"/> OTHERS Please specify _____																															
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION																															
	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)																														
*MEMBER	PARIÑAS	PAUL NICHOLE		MONTEAGUDO	<input type="checkbox"/>																														
FATHER	PARIÑAS	RENATO		RAGUA	<input type="checkbox"/>																														
*MOTHER (Maiden Name)	PARIÑAS	NORA		MONTEAGUDO	<input type="checkbox"/>																														
*SPOUSE (If Married)					<input type="checkbox"/>																														
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	PARIÑAS	PAUL NICHOLE		MONTEAGUDO	<input type="checkbox"/>																														
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)																															
<table border="1"> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>1</td><td>9</td><td>9</td><td>7</td> </tr> <tr> <td>m</td><td>m</td><td></td><td>d</td><td>d</td><td></td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>		0	3		1	0		1	9	9	7	m	m		d	d		y	y	y	y	<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
0	3		1	0		1	9	9	7																										
m	m		d	d		y	y	y	y																										
*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)		*CITIZENSHIP		SSS/GSIS NUMBER																															
QUEZON CITY, METRO MANILA (NCR)		FILIPINO		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																															
*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)		EMPLOYEE NUMBER																														
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	193 (cm)	75 (kg)			<table border="1"> <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) (If Available)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction)		For AFP/PNP Employee, Serial/Badge No.																															
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		<table border="1"> <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"> <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				(Indicate country code if abroad)																															
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision																														
			109	BANLAT ROAD																															
Barangay	Municipality/City	Province/State/Country (if abroad)		ZIP Code																															
TANDANG SORA	QUEZON CITY			1116																															
*PRESENT HOME ADDRESS				COUNTRY + AREA CODE																															
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision																														
			109	BANLAT ROAD																															
Barangay	Municipality/City	Province/State/Country (if abroad)		ZIP Code																															
TANDANG SORA	QUEZON CITY			1116																															
*PREFERRED MAILING ADDRESS				TELEPHONE NUMBER																															
<input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address				Home																															
				Cell Phone																															
				0975 3568855																															
				Business (Direct Line)																															
				Business (Trunk Line) Local																															
				Email Address																															
				parinaspaul@gmail.com																															

PRESENT EMPLOYMENT DETAILS (If with more than one (1) employer, use separate sheet and follow format below)

*EMPLOYER/BUSINESS NAME			MONTHLY INCOME <i>Basic</i> _____	
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.			+ <i>Allowances/Others</i> _____	
			= <i>Total Mo. Income</i> _____	
Street Name Subdivision Barangay			*TYPE OF WORK (For OFWs only) <input type="checkbox"/> Land-based (Pls. specify country of assignment) _____ <input type="checkbox"/> Sea-based (Pls. specify manning agency) _____	
Municipality/City Province *State/Country (If abroad) ZIP Code			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
*OCCUPATION	*EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Project-based		*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 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table> TO <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><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
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 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table> TO <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><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
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 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table> TO <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><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
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"/>		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td></tr></table>							m	m	d	d	y	y
m	m	d	d	y	y													
				<input type="checkbox"/>		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td></tr></table>							m	m	d	d	y	y
m	m	d	d	y	y													
				<input type="checkbox"/>		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td></tr></table>							m	m	d	d	y	y
m	m	d	d	y	y													
				<input type="checkbox"/>		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td></tr></table>							m	m	d	d	y	y
m	m	d	d	y	y													

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

SIGNATURE OF MEMBER

07/04/2017

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.