



# MEMBER'S DATA FORM (MDF)

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

### 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 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.

<b>*OCCUPATIONAL STATUS</b>		<input type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED																											
<b>*MEMBERSHIP CATEGORY</b>																															
<b>MANDATORY</b>			<b>VOLUNTARY</b>																												
<input type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> SELF-EMPLOYED (SE)		<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT																											
<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER		<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE																											
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)		<input type="checkbox"/> JOB ORDER PERSONNEL		<input type="checkbox"/> NON-WORKING SPOUSE																											
		<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)		<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>																											
<b>PERSONAL DETAILS</b>																															
NAME		LAST NAME		FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>																										
*MEMBER					NO MIDDLE NAME <i>(check if applicable only)</i>																										
					<input type="checkbox"/>																										
FATHER					<input type="checkbox"/>																										
*MOTHER <i>(Maiden Name)</i>					<input type="checkbox"/>																										
*SPOUSE <i>(If Married)</i>					<input type="checkbox"/>																										
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>																										
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)																											
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td><i>m</i></td><td><i>m</i></td><td><i>d</i></td><td><i>d</i></td><td><i>y</i></td><td><i>y</i></td><td><i>y</i></td><td><i>y</i></td> </tr> </table>										<i>m</i>	<i>m</i>	<i>d</i>	<i>d</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>	<input 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>											
<i>m</i>	<i>m</i>	<i>d</i>	<i>d</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>																								
*PLACE OF BIRTH <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>		*CITIZENSHIP		SSS/GSIS NUMBER																											
				<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																											
<input type="checkbox"/> Male <input type="checkbox"/> Female		_____ (cm)		_____ (kg)																											
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i>		PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		EMPLOYEE NUMBER																											
<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>														<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>																	
		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <i>(If payment of MS is not thru payroll deduction)</i>		<i>For AFP/PNP Employee, Serial/Badge No.</i> <table border="1"> <tr> <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		<i>For DepEd Employee, Division Code-Station Code</i> <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																											
<b>ADDRESS AND CONTACT DETAILS</b>																															
*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		Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code																										
*PRESENT HOME ADDRESS					COUNTRY + AREA CODE   TELEPHONE NUMBER																										
Unit/Room No., Floor		Building Name	Lot No., Block No., Phase No.	House No	Street Name																										
Subdivision		Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>	ZIP Code																										
*PREFERRED MAILING ADDRESS					Home																										
<input type="checkbox"/> Present Home Address		<input type="checkbox"/> Permanent Home Address		<input type="checkbox"/> Employer/Business Address	Cell Phone																										
					Business (Direct Line)																										
					Business (Trunk Line)																										
					Local																										
					Email Address																										

