

MEMBER'S DATA FORM (MDF)

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

INSTRUCTIONS

- 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
- 5. The "NAME EXTENSION" shall refer to JR., II, III and the like.
- 1. Accomplish this form in one (1) copy only. If registration is thru online, the form 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.
 - 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 any Pag-IBIG Branch nearest you.

			nearest you.						
*OCCUPATIONAL STATUS	☐ EMPLOYED		☐ UNEMPLOYED/NOT	YET EMPLOYED					
		*MEMBERSI	HIP CATEGORY						
MANDATORY			VOLUNTARY						
☐ EMPLOYED PRIVATE ☐ EMPLOYED GOVERNMENT ☐ OVERSEAS FILIPINO WORKER (OFW)	☐ JOB ORDER I	IAL/BUSINESS OWNER	☐ EMPLOYED FOREIGE ☐ BARANGAY OFFICIAND NON-WORKING SPOUREMENT OF RELIGE ☐ PENSIONER/INVEST	L/EMPLOYEE TRA USE □ OVE DUS GROUP □ OTH	 □ MEMBER OF COOPERATIVE/ TRADE UNION □ OVERSEAS FILIPINO IMMIGRANT □ OTHERS, Please specify 				
PERSONAL DETAILS									
NAME	LAST NAMI	FIRST N	AME NAME EX		ME NO MIDDLE NAME (check if applicable only)				
*MEMBER									
FATHER									
*MOTHER (Maiden Name)									
*SPOUSE (If Married)									
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE									
*DATE OF BIRTH m m d d y y y y *PLACE OF BIRTH (City/Municipality (Please indicate country if born outside to	/Province/Country)	*MARITAL STATUS Single/Unmarried Married CITIZENSHIP	Widow/er □ Annulled Legally Separated	TAXPAYER IDENT SSS/GSIS NUMBE EMPLOYEE NUMB					
*SEX HEIGHT V Male (cm) COMMON REFERENCE NUMBER	VEIGHT (kg)	(Ex. Moles, Scars, etc.)	JISHING FACIAL FEATUR MBERSHIP SAVINGS (N	For AFP/PNP Emplo	yee, Serial/Badge No.				
(If Available)		PAYMENT (If payment of ☐ Monthly ☐	f MS is not thru payroll deducti Semi-Annually Annually		e, Division Code-Station Code				
		ADDRESS AND	CONTACT DETAILS						
*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name	e Lot No., Block	No., Phase No. House No	Street Name	(Indicate country code COUNTRY + AREA C Home	if abroad) ODE TELEPHONE NUMBER				
Subdivision Barangay	Municipality/C	ity Province/State/Countr	y (if abroad) ZIP Co	e Cell Phone					
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name	e Lot No., Block	No., Phase No. House No	Street Name	Business (Direct Lin	ne)				
Subdivision Barangay	Municipality/C	City Province/State/Countr	ry (if abroad) ZIP Co		ne) Local				
*PREFERRED MAILING ADDRES	_	ress □ Emplove	r/Business Address	Email Address					

P	RESENT	EMPLOYMENT DE	TAILS (If with more than	one (1) employer, use sep	arate sheet and follow for	mat below)
*OCCUPATION		EMPLOYMENT STA	TUS		TYPE OF WO	RK (For OFW only)
		☐ Permanent/Regular ☐ Casual	□ Contractual□ Project-based	□ Part-time/ Temporary	☐ Land-based	(Pls. specify country of assignment)
*EMPLOYER/BUSINESS NAMI	(For Fori	mally Employed, OFW and	Self-employed Profession	al/Business Owner)	MONTHLY IN Basic	COME
*EMPLOYER/BUSINESS ADDF Unit/Room No., Floor			/ and Self-employed Profe Lot No., Block No., Ph		Allowances/	=
Street Name	Subd	ivision	Barangay		OFFICE ASSI	GNMENT
					☐ Head Office	e 🗆 Branch
Municipality/City	Provi	nce	State/Country (If abro	ad) ZIP Code	DATE EMPLO	OYED (Month, Year)
PRE	/IOUS E	MPLOYMENT FROM	M DATE OF Pag-IB	IG Fund MEMBER	SHIP (Use another she	pet if necessary)
EMPLOYER/BUSINESS NAM	E				OFFICE ASSI	
EMPLOYER/BUSINESS ADD	RESS				FROM	
EMPLOYER/BUSINESS NAM	E				OFFICE ASSI ☐ Head Office	GNMENT
EMPLOYER/BUSINESS ADD	RESS				FROM	
EMPLOYER/BUSINESS NAM	E				OFFICE ASSI	
EMPLOYER/BUSINESS ADD	RESS				☐ Head Office	
EMILEO FERVISIONINE CONTROL						y y y m m y y y y
HEIRS (In case of death, Fund benefit	ts shall be o	livided among the member's I	heirs in accordance with the	New Civil Code as amende	d by the New Family Cod	le) (Use another sheet if necessary)
LAST NAME FIRST	NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable	IKELAHUNAHI	P DATE OF BIRTH
						m m d d y y y y
						m m d d y y y y
						m m d d y y y y
						m m d d y y y y
I HEREBY CEF	TIFY TH	IAT THE INFORMATIO	ON GIVEN AND ALL	STATEMENTS MAI	DE HEREIN ARE T	RUE AND CORRECT.
		SIGNATU	JRE OF MEMBER		ATE	
			FOR Pag-IBIG FUI	ND 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.