



MEMBER'S DATA FORM (MDF)

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

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 marked with asterisk (*) are mandatory.
- On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-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 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.

*OCCUPATIONAL STATUS		<input type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED																																																	
*MEMBERSHIP CATEGORY																																																					
MANDATORY			VOLUNTARY																																																		
<input type="checkbox"/> EMPLOYED PRIVATE	<input type="checkbox"/> SELF-EMPLOYED (SE)		<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT	<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION																																																	
<input type="checkbox"/> EMPLOYED GOVERNMENT	<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER		<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT																																																	
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> JOB ORDER PERSONNEL		<input type="checkbox"/> NON-WORKING SPOUSE	<input type="checkbox"/> OTHERS, <i>Please specify</i>																																																	
	<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP																																																		
			<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR																																																		
PERSONAL DETAILS																																																					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>																																																
*MEMBER					<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 <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>	*MARITAL STATUS <input 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"> <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 <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 <input type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT _____ (cm)	WEIGHT _____ (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>																																																		
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i> <table border="1"> <tr> <td> </td><td> </td><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> <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		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><td> </td><td> </td> </tr> </table> <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><td> </td><td> </td><td> </td><td> </td> </tr> </table> <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><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					<i>(Indicate country code if abroad)</i> COUNTRY + AREA CODE TELEPHONE NUMBER Home <table border="1"> <tr> <td> </td><td> </td><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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*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name					Business (Direct Line) <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> Business (Trunk Line) Local <table border="1"> <tr> <td> </td><td> </td><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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*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address																																																					

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

SIGNATURE OF MEMBER

DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY	DATE
_____ <i>Signature over Printed Name</i> _____ <i>Designation/Position</i> _____ <i>Branch/Unit</i>	_____

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.