

# **MEMBER'S CHANGE OF INFORMATION FORM (MCIF)**

Pag-IBIG MID NUMBER												
HOUSING ACCOUNT NUMBER (if applicable)												

				ACK. ACCOMPLISH AND SU	BMIT		The department of the departme			
CHECK THE APPROP  Change of Members Change/Correction Correction of Date of	ship Category of Name		/UPDATED	DATED  Updating of Heirs Others (Please specify)						
LAST NAME	FIRST NAME NAME EXTENSION (e.g., Jr., II)						MIDDLE NAME			
1. CHANGE OF MEI	MBERSHIP CATE	GORY		ТО						
2. CHANGE/CORRE	CTION OF NAME	E (Last Name, Firs	t Name, Name Extens	ion, Middle Name)						
FROM				ТО						
3. CORRECTION OF FROM (mm/dd/yyyy)	F DATE OF BIRTI	Н		TO (mm/dd/yyyy)						
4. CHANGE OF MAR	RITAL STATUS			то						
SPOUSE (For Married Status)	Last Name	First Name	Name Extension	Middle Name No M	iddle Name	DATE OF BIRTH	(mm/dd/yyyy)			
5. CHANGE OF ADD	DRESS/CONTAC	T DETAILS (Pleas	se accomplish portions	s to be changed only)						
PRESENT HOME ADD Unit/Room No. Floor	RESS Bldg. Name Lot N	lo. Block No. Ph	nase No. House No.	Street Name Subdivision		(Indicate country con COUNTRY+AREA COL Home	de if abroad) DE TELEPHONE NUMBER			
Barangay	Municipality/City	Province/S	state/Country (if abroad)	Zip Code		Cellphone				
PERMANENT HOME A Unit/Room No. Floor		lo. Block No. Ph	nase No. House No.	Street Name Subdivision		Business (Direct	Line)			
Barangay	Municipality/City		Business (Trunk Line)							
PREFERRED MAILING Present Home Add	_	Permanent Home	e Address	Employer/Business Address		Email Address				
6. CHANGE OF EMP		AILS								
EMPLOYER/BUSINES:	5 NAIVIE									
EMPLOYER/BUSINES: Unit/Room No., Floor	PLOYER/BUSINESS ADDRESS /Room No., Floor Building Name Lot No.			Block No.	Phase No.	House No.				
Street Name	Subdivision	Barangay	Municipality/C	city Province	Zip Code					
7. UPDATING OF HI	EIRS (Please use	separate sheet, if r	necessary)							
LAST NAME FI	RST NAME N	AME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (Check if applicable only)	RELATIONSHIP	DATE OF BIRTH (mm/dd/yyyy)	ADDITION/DELETION			
8. OTHERS (Please	snecify)									
FROM	<i>ерсену)</i>			ТО						
				IFICATION						
11	HEREBY CERTIFY	THAT THE INFO	RMATION GIVEN AND	O ALL STATEMENTS MADE	E HEREIN ARE TR	UE AND CORREC	CT.			
	Signature o	ver Printed Name of			ate					
RECEIVED BY			THIS PORTION IS F	FOR Pag-IBIG USE ONLY APPROVED BY			DATE			
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# CHECKLIST OF REQUIREMENTS

### **BASIC REQUIREMENTS**

- 1. Member's Change of Information Form (MCIF, HQP-PFF-049)
- 2. At least two (2) valid IDs

The following are the primary IDs acceptable to the Fund:

- Company ID
- Passport, issued by the Philippine or Foreign Government
- Driver's License
- Professional Regulation Commission (PRC) ID
- Social Security System (SSS) Card/UMID Card
- Government Services Insurance System (GSIS) e-card
- Government Office and GOCC ID (e.g. AFP ID, Pag-IBIG Loyalty Card)
- Integrated Bar of the Philippines (IBP) ID
- Senior Citizen Card
- Overseas Workers Welfare Administration (OWWA) ID
- Overseas Filipino Worker (OFW) ID
- Seafarer's Identification and Record Book (SIRB)
- Postal ID
- Voter's ID

#### ADDITIONAL REQUIREMENTS

#### A. CHANGE/CORRECTION OF NAME

#### For change in name due to marriage:

1. Marriage Contract with Registry Number issued by Philippine Statistics Authority (PSA)

# For change in name (for reason other than marriage):

- 1. Birth Certificate issued by PSA
- 2. Court Order granting petition for change of name.

#### B. CORRECTION OF DATE OF BIRTH

1. Birth Certificate issued by PSA

### C. CHANGE OF MARITAL STATUS

#### For single to married:

Marriage Contract with Registry Number issued by PSA

## For married to single (legally married to reported spouse)

Court Order

## For married to single (due to erroneous encoding)

Certificate of No Marriage(CENOMAR) issued by PSA

#### For married to widowed

Death Certificate of deceased spouse issued by PSA)

## D. CORRECTION OF PLACE OF BIRTH/MOTHER'S MAIDEN NAME/GENDER (Due to erroneous encoding)

1. Birth Certificate issued by PSA

## NOTES:

- a. In case the PSA Certificate is not available, the certificate issued by the Local Civil Registry Office (LCRO) and duly authenticated by PSA, may be submitted.
- b. Please submit photocopy of the documents depending on the information to be changed/updated. The original or Certified True Copy of the said documents shall be presented for authentication.
- c. If filing thru Authorized Representative, please submit the following:
  - At least two (2) valid IDs of Representative
  - At least two (2) valid IDs of Member
  - Authorization Letter