



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

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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 a 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 not employed or purpose is pre-employment, 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, under the New Civil 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.

*OCCUPATIONAL STATUS

☐ EMPLOYED

☐ UNEMPLOYED/NOT YET EMPLOYED

☐ CHECK THIS BOX IF FIRST TIME JOB SEEKER

*MEMBERSHIP CATEGORY

MANDATORY

- ☐ EMPLOYED (PRIVATE) ☐ SELF-EMPLOYED
- ☐ EMPLOYED (GOVERNMENT) ☐ PROFESSIONAL/BUSINESS OWNER
- ☐ EMPLOYED PRIVATE HOUSEHOLD ☐ JOB ORDER PERSONNEL
- ☐ OVERSEAS FILIPINO ☐ OTHER EARNING GROUP (OEGs)
- ☐ WORKER (OFW)

VOLUNTARY

- ☐ EMPLOYED (FOREIGN GOVERNMENT) ☐ MEMBER OF COOPERATIVE/TRADE UNION
- ☐ BARANGAY OFFICIAL/EMPLOYEE ☐ OVERSEAS FILIPINO IMMIGRANT
- ☐ NON-WORKING SPOUSE ☐ OTHERS, Please specify
- ☐ MEMBER OF RELIGIOUS GROUP
- ☐ PENSIONER/INVESTOR/LESSOR

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER					<input type="checkbox"/>
FATHER					<input type="checkbox"/>
*MOTHER (Maiden Name)					<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

*DATE OF BIRTH

m	m	d	d	y	y	y	y		

*MARITAL STATUS

- ☐ Single/Unmarried ☐ Widow/er ☐ Annulled
- ☐ Married ☐ Legally Separated

TAXPAYER IDENTIFICATION NUMBER (TIN)

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*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)

*CITIZENSHIP

SSS/GSIS NUMBER

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

*SEX

- ☐ Male
- ☐ Female

HEIGHT

_____ (cm)

WEIGHT

_____ (kg)

PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)

EMPLOYEE NUMBER

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For AFP/PNP Employee, Serial/Badge No.

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For DepEd Employee, Division Code-Station Code

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COMMON REFERENCE NUMBER (CRN) (If Available)

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FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction)

- ☐ Monthly ☐ Semi-Annually
- ☐ Quarterly ☐ Annually

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS

Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name

Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code

*PRESENT HOME ADDRESS

Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No Street Name

Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code

*PREFERRED MAILING ADDRESS

- ☐ Present Home Address ☐ Permanent Home Address ☐ Employer/Business Address

(Indicate country code if abroad)

COUNTRY + AREA CODE TELEPHONE NUMBER

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Home

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Cell Phone

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Business (Direct Line)

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Business (Trunk Line)

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Local

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

Email Address

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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		MONTHLY INCOME Basic _____ + _____ Allowances/Others _____ = _____ Total Mo. Income _____
*EMPLOYER/BUSINESS ADDRESS 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		DATE EMPLOYED (Month, Year)
Municipality/City Province State/Country (If abroad) ZIP Code		

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	<table border="1"> <tr> <th>FROM</th> <th>TO</th> </tr> <tr> <td> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </td> <td> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </td> </tr> <tr> <td>m m y y y y</td> <td>m m y y y y</td> </tr> </table>	FROM	TO	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	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 Rules of Succession under the New Civil Code, as amended) (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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m	m	d	d	y	y	y	y																			

CERTIFICATION

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

SIGNATURE OF INFORMANT

DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY	DATE
<div> <div></div> <div></div> <div></div> <div></div> </div>	
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.