



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund Users 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 which are 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 occupation based on the List of Occupation, as provided in the Philippine Standard Occupational Classification (PSOC).
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 the concerned Pag-IBIG Branch.

*OCCUPATIONAL STATUS		<input type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/ NOT YET EMPLOYED	
*MEMBERSHIP CATEGORY					
MANDATORY					
<input type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	
<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT		<input type="checkbox"/> NON-WORKING SPOUSE		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> OTHERS <i>Please specify</i>	
VOLUNTARY					
<input type="checkbox"/> EMPLOYED					
<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION	
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION	
NAME					
LAST NAME		FIRST NAME		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		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
<input type="text"/> <small>m m d d y y y y</small>		<input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		<input type="text"/> <input type="text"/>	
*PLACE OF BIRTH <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>		*CITIZENSHIP		SSS/GSIS NUMBER	
				<input type="text"/> <input type="text"/>	
*SEX		HEIGHT		WEIGHT	
<input type="checkbox"/> Male <input type="checkbox"/> Female		(cm)		(kg)	
PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Mole, Scars, etc.)</i>		EMPLOYEE NUMBER		For AFP/PNP Employee, Serial/Badge No.	
		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i>		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <i>(If payment of MS is not thru payroll deduction)</i>		For DepEd Employee, Division Code-Station Code	
<input type="text"/> <input type="text"/>		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		<input type="text"/> <input type="text"/>	
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 <i>(if abroad)</i>			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 <i>(if abroad)</i>			ZIP Code
*PREFERRED MAILING ADDRESS					
<input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address					
TELEPHONE NUMBER					
Home					
<input type="text"/>					
Cell Phone					
<input type="text"/>					
Business (Direct Line)					
<input type="text"/>					
Business (Trunk Line)					
<input type="text"/>					
Local					
<input type="text"/>					
Email Address					
<input type="text"/>					

PRESENT EMPLOYMENT DETAILS (If with more than one (1) employer, use separate sheet and follow format below)

*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.		*TYPE OF WORK (For OFWs only)	
Street Name Subdivision Barangay		<input type="checkbox"/> Land-based (Pls. specify country of assignment)	
		<input type="checkbox"/> Sea-based (Pls. specify manning agency)	
Municipality/City	Province	*State/Country (if abroad)	ZIP Code
			OFFICE ASSIGNMENT
			<input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
*OCCUPATION	*EMPLOYMENT STATUS		*DATE EMPLOYED (Month, Year)
	<input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Project-based		

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																						
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HEIRS (In case of death, Fund benefits shall be divided among the members 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																				
				<input type="checkbox"/>		<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> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td><td></td><td></td> </tr> </table>											m	m	d	d	y	y	y	y		
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m	m	d	d	y	y	y	y																			

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
_____ Signature over Printed Name	_____ Date
_____ 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.