



# MEMBER'S CHANGE OF INFORMATION FORM (MCIF)

Pag-IBIG MID NUMBER

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

**INSTRUCTIONS**

- Accomplish this form in two (2) copies.
- Accomplish the applicable portions to be changed only.
- Type or print all entries in BLOCK/CAPITAL LETTERS.
- This form shall be submitted to any of the following:
  - Thru Employer, if employed
  - Thru on-line
  - Thru Pag-IBIG NCR/Regional branch.

**REQUIREMENTS**

- For change of name and/or marital status because of marriage, submit photocopy of Marriage Contract with registry number.
- For correction/change of name and/or marital status for reason other than marriage, submit certified true copy of Birth Certificate issued by the National Statistics Office (NSO), Court Order or Death Certificate of the deceased spouse, whichever is applicable.
- For correction of date of birth, submit certified true copy of Birth Certificate issued by the National Statistics Office (NSO).
- For updating of beneficiaries, submit certified true copy of Birth Certificate of the additional beneficiary/ies issued by the National Statistics Office (NSO) to establish relationship with the member.

**CHECK APPROPRIATE BOX ONLY**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 1. CORRECTION OF NAME          | <input type="checkbox"/> 3. CHANGE OF MARITAL STATUS          | <input type="checkbox"/> 5. UPDATING OF BENEFICIARIES         |
| <input type="checkbox"/> 2. CORRECTION OF DATE OF BIRTH | <input type="checkbox"/> 4. CHANGE OF FREQUENCY OF MC PAYMENT | <input type="checkbox"/> 6. CHANGE OF ADDRESS/CONTACT DETAILS |

LAST NAME	FIRST NAME	NAME EXTENSION (e.g., jr., II, etc.)	MIDDLE NAME	NO MIDDLE NAME <small>(Check if applicable only)</small>
<input type="checkbox"/>				

**1. CORRECTION OF NAME**

FROM	TO
------	----

**2. CORRECTION OF DATE OF BIRTH**

FROM	TO
------	----

**3. CHANGE OF MARITAL STATUS**

<input type="checkbox"/> Due to marriage <input type="checkbox"/> Other Reason (Please specify) _____ FROM	TO
---	----

**4. CHANGE OF FREQUENCY OF MC PAYMENT**

FROM	TO <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually
------	--

**5. UPDATING OF BENEFICIARIES** (Please use separate sheet, if necessary)

LAST NAME	FIRST NAME	NAME EXTENSION <small>(e.g., jr., II, etc.)</small>	MIDDLE NAME	NO MIDDLE NAME <small>(Check if applicable only)</small>	DATE OF BIRTH <small>(mm/dd/yyyy)</small>	RELATIONSHIP	ADDITION	DELETION
				<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**6. CHANGE OF ADDRESS/CONTACT DETAILS** (Please accomplish portions to be changed only)

<p><b>PRESENT HOME ADDRESS</b></p> <p>Unit/Room No., Floor    Building Name    Lot No., Block No., Phase No.    House No    Street Name    Subdivision</p> <hr/> <p>Barangay    Municipality/City    Province/State/Country (if abroad)    ZIP Code</p> <p><b>PERMANENT HOME ADDRESS</b></p> <p>Unit/Room No., Floor    Building Name    Lot No., Block No., Phase No.    House No    Street Name    Subdivision</p> <hr/> <p>Barangay    Municipality/City    Province/State/Country (if abroad)    ZIP Code</p>	<p><small>(Indicate country code if abroad)</small>                  COUNTRY+AREA CODE    TELEPHONE NUMBER</p> <p>Home  <input style="width: 100%;" type="text"/></p> <p>Cellphone  <input style="width: 100%;" type="text"/></p> <p>Business (Direct Line)  <input style="width: 100%;" type="text"/></p> <p>Business (Trunkline)    Local  <input style="width: 50%;" type="text"/>    <input style="width: 50%;" type="text"/></p> <p>Email Address  <input style="width: 100%;" type="text"/></p>
---	---

**CERTIFICATION**

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

\_\_\_\_\_  
SIGNATURE OF MEMBER

\_\_\_\_\_  
DATE

**FOR HDMF USE ONLY**

<p>DOCUMENTS SUBMITTED</p> <p><input type="checkbox"/> Birth Certificate      <input type="checkbox"/> Court Order</p> <p><input type="checkbox"/> Marriage Contract      <input type="checkbox"/> Others (Please specify) _____</p> <p><input type="checkbox"/> Death Certificate</p>	<p>RECEIVED BY</p>	<p>DATE</p>	<p>APPROVED BY</p>	<p>DATE</p>
--	--------------------	-------------	--------------------	-------------

