



MEMBER'S DATA FORM (MDF)

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

INSTRUCTIONS

- Accomplish this form in two (2) copies. 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.
- 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.
- Accomplish only the "PRESENT HOME ADDRESS" if it is different from the "PERMANENT HOME ADDRESS".
- On the "CONTACT DETAILS" portion, indicate at least one (1) contact number.
- On the "OCCUPATION" portion, indicate occupation based on the provided List of Occupation.
- All fields which are marked with asterisk (*) are mandatory.
- 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 two (2) copies of the Member's Change of Information Form (MCIF, [HQP-PFF-049]) and submit to the concerned Pag-IBIG Branch.

*MEMBERSHIP CATEGORY											
MANDATORY <input type="checkbox"/> EMPLOYED PRIVATE <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW) <input type="checkbox"/> EMPLOYED GOVERNMENT <input type="checkbox"/> SELF-EMPLOYED (SE) <input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD <input type="checkbox"/> OTHER WORKING GROUP (OWG)						VOLUNTARY <input type="checkbox"/> EMPLOYED <input type="checkbox"/> INDIVIDUAL PAYOR (IP) <input type="checkbox"/> OTHER WORKING GROUP (OWG, if income is less than P1,000.00)					
	LAST NAME	FIRST NAME	NAME EXTENSION <small>(e.g. Jr., II)</small>	MIDDLE NAME	NO MIDDLE NAME <small>(check if applicable only)</small>						
*MEMBER					<input type="checkbox"/>						
FATHER					<input type="checkbox"/>						
*MOTHER <small>(Maiden Name)</small>					<input type="checkbox"/>						
*SPOUSE <small>(If Married)</small>					<input type="checkbox"/>						
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>						
*DATE OF BIRTH [][] [][] [][][][] [][][][] <small>m m d d y y y y</small>			*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			TAXPAYERS IDENTIFICATION NUMBER (TIN) [][][][] [][][][] [][][][] [][][][]					
*PLACE OF BIRTH <small>(City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)</small>			CITIZENSHIP			SSS/GSIS NUMBER [][][][] [][][][] [][][][] [][][][]					
*SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT _____ (m)	WEIGHT _____ (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES <small>(Ex. Moles, Scars, etc.)</small>			EMPLOYEE NUMBER [][][][] [][][][] [][][][] [][][][] <small>For AFP/PNP Employee, Serial/Badge No.</small> [][][][] [][][][] [][][][] [][][][]					
COMMON REFERENCE NUMBER (CRN) <small>(If Available)</small> [][][][] [][][][] [][][][] [][][][]			FREQUENCY OF MS PAYMENT <small>(If payment of contribution is not thru payroll deduction)</small> <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly			<small>For DepEd Employee, Division Code-Station Code</small> [][][][] [][][][] [][][][] [][][][]					
ADDRESS AND CONTACT DETAILS											
*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name Subdivision						<small>(Indicate country code if abroad)</small> COUNTRY + AREA CODE TELEPHONE NUMBER					
Barangay Municipality/City Province/State/Country <small>(if abroad)</small> ZIP Code						Home [][][][] [][][][] [][][][] [][][][]					
PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name Subdivision						*Cell Phone [][][][] [][][][] [][][][] [][][][]					
Barangay Municipality/City Province/State/Country <small>(if abroad)</small> ZIP Code						Business (Direct Line) [][][][] [][][][] [][][][] [][][][]					
*PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address						Business (Trunk Line) Local [][][][] [][][][] [][][][] [][][][]					
						*Email Address [][][][] [][][][] [][][][] [][][][]					

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

*EMPLOYER/BUSINESS NAME		MONTHLY INCOME <i>Basic</i> _____	
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.		+ <i>Allowances/Others</i> _____	
Street Name Subdivision Barangay		=	
Municipality/City Province State/Country (If abroad) ZIP Code		Total Mo. Income _____	
*OCCUPATION		*TYPE OF WORK (For OFWs only) <input type="checkbox"/> Land-based <input type="checkbox"/> Sea-based	
*EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Casual <input type="checkbox"/> Project-based <input type="checkbox"/> Part-time/Temporary		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
		*FROM m m y y y y	TO m m y y y y

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 m m y y y y
EMPLOYER/BUSINESS NAME	TO m m y y y y
EMPLOYER/BUSINESS ADDRESS	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS NAME	FROM m m y y y y
EMPLOYER/BUSINESS ADDRESS	TO m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM m m y y y y
	TO m m y y y y

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 <small>(Check only if applicable)</small>	RELATIONSHIP	DATE OF BIRTH
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		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

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.