



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY											
Pag-IBIG MID NUMBER											
REGISTRATION TRACKING NUMBER											
917165217344											

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 checked="" type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/ NOT YET EMPLOYED	
*MEMBERSHIP CATEGORY					
MANDATORY					
<input checked="" type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	
<input type="checkbox"/> SELF-EMPLOYED (SE)					
VOLUNTARY					
<input type="checkbox"/> EMPLOYED		<input type="checkbox"/> INDIVIDUAL PAYOR (IP)		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	
<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT		<input type="checkbox"/> NON-WORKING SPOUSE		<input type="checkbox"/> OTHERS	
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION	
<i>Please specify</i>					
	LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>	MIDDLE NAME	NO MIDDLE NAME <i>(check if applicable only)</i>
*MEMBER	DE GUZMAN	JOSHUA		MEJIA	<input type="checkbox"/>
FATHER	DE GUZMAN	APOLINAR	JR	SESBREÑO	<input type="checkbox"/>
*MOTHER <i>(Maiden Name)</i>	MEJIA	CELY		EUSEBIO	<input type="checkbox"/>
*SPOUSE <i>(If Married)</i>					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	DE GUZMAN	JOSHUA		MEJIA	<input type="checkbox"/>
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
0 8 0 7 1 9 9 6		<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled		5 0 1 3 9 3 1 3 4	
<input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		*PLACE OF BIRTH <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>		*CITIZENSHIP	
MAKATI CITY, METRO MANILA (NCR)		FILIPINO		SSS/GSIS NUMBER	
*SEX		HEIGHT	WEIGHT	EMPLOYEE NUMBER	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		170.1 (cm)	60 (kg)	2 0 1 7 0 4 2 4 - 2 4	
PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <i>(If payment of MS is not thru payroll deduction)</i>		<i>For AFP/PNP Employee, Serial/Badge No.</i>	
		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually			
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i>				<i>For DepEd Employee, Division Code-Station Code</i>	
ADDRESS AND CONTACT DETAILS					
*PERMANENT HOME ADDRESS				<i>(Indicate country code if abroad)</i>	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision
			8288	CONSTANCIA ST	
Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>		ZIP Code	
OLYMPIA	MAKATI CITY			1207	
*PRESENT HOME ADDRESS				COUNTRY + AREA CODE	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision
			8288	CONSTANCIA ST	
Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>		ZIP Code	
OLYMPIA	MAKATI CITY			1207	
*PREFERRED MAILING ADDRESS				TELEPHONE NUMBER	
<input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address				Home	
				Cell Phone	
				0912 0135849	
				Business (Direct Line)	
				Business (Trunk Line) Local	
				Email Address	
				deguzman_joshua96@yahoo.com	

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

*EMPLOYER/BUSINESS NAME FORTHMEDIA INTERACTIVE DEVELOPMENT INC				MONTHLY INCOME <i>Basic</i> _____ + <i>Allowances/Others</i> _____ = _____ <i>Total Mo. Income</i> _____			
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. 16F BURGUNDY CORPORATE TOWER 252				*TYPE OF WORK (For OFWs only) <input type="checkbox"/> Land-based (Pls. specify country of assignment) _____ <input type="checkbox"/> Sea-based (Pls. specify manning agency) _____			
Street Name SEN GIL PUYAT AVE		Subdivision		Barangay		OFFICE ASSIGNMENT <input checked="" type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
Municipality/City MAKATI CITY		Province		*State/Country (If abroad)		ZIP Code 1230	
*OCCUPATION COMPUTER PROGRAMMERS		*EMPLOYMENT STATUS <input checked="" type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Project-based				*DATE EMPLOYED (Month, Year) April 2017	

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		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	
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
MEJIA	CELY		EUSEBIO	<input type="checkbox"/>	MOTHER	[0][8][] [1][7][] [1][9][6][0] 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

06/14/2017

DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY _____ <i>Signature over Printed Name</i>	DATE _____
_____ <i>Designation/Position</i>	_____ <i>Branch/Unit</i>

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.