

MEMBER'S DATA FORM (MDF)

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

INSTRUCTIONS

- 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
- 1. Accomplish this form in one (1) copy only. If registration is thru online, the 7. On the "OCCUPATION" portion, indicate occupation based on the List of Occupation, as provided in the Philippine Standard Occupational Classification
 - 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 Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to the concerned Pag-IBIG Branch.

birth certificate.								
*OCCUPATIONAL STATE	US E EMPLO	UNEMPLOYED/ NOT YET E	MPLOYED					
*MEMBERSHIP CATEGORY								
MANDATORY								
■ EMPLOYED PRIVATE	☐ EMPLO	YED GOVERNMENT	OVERSEAS FILIPINO WOR	KER (OFW)	PLOYED (SE)			
VOLUNTARY EMPLOYED INDIVIDUAL PAYOR (IP) EMPLOYED FOREIGN GOVERNMENT NON-WORKING SPOUSE PENSIONER/INVESTOR/LESSOR OTHERS BARANGAY OFFICIAL/EMPLOYEE MEMBER OF RELIGIOUS GROUP MEMBER OF COOPERATIVE/TRADE UNION Please specify								
	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)			
*MEMBER	DE GUZMAN	JOSHUA		MEJIA				
FATHER	DE GUZMAN	APOLINAR	JR	SESBREÑIO				
*MOTHER (Maiden Name)	MEJIA	CELY		EUSEBIO				
*SPOUSE (If Married)	*SPOUSE (If Married)							
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	DE GUZMAN	JOSHUA		MEJIA 🗖				
	9 9 6 y y y	*MARITAL STATUS ■ Single/Unmarried	dow/er		TION NUMBER (TIN)			
*PLACE OF BIRTH (City/Mu. (Please indicate country if born MAKATI CITY, METRC	outside the Philippines)	*CITIZENSHIP	LIPINO	SSS/GSIS NUMBER 3 4 5 0 9 3 8 3 1 8				
*SEX HEIGHT ■ Male ■ Female 170.1 (c	WEIGHT m)60 (kg)	PROMINENT DISTINGUIS (Ex. Moles, Scars, etc.)	HING FACIAL FEATURES	EMPLOYEE NUMBER 2 0 1 7 0 4 2 4 - 2 4 For AFP/PNP Employee, Serial/Badge No.				
COMMON REFERENCE N (If Available)	UMBER (CRN)	` ' ' _	IS is not thru payroll deduction)	For DepEd Employee, Division Code-Station Code				
			mi-Annually inually	Por DepEd Employee, Division Code-Station Code				
		ADDRESS AND C	ONTACT DETAILS					
*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name CONSTANCIA ST Subdivision (Indicate country code if abroad) 8288 (Indicate country code if abroad) COUNTRY + AREA CODE TELEPH Home								
Barangay Munic OLYMPIA M.	Cell Phone							
*PRESENT HOME ADDRE Unit/Room No., Floor Buildi	0912 0135849 Business (Direct Line)							
	cipality/City Province/State	8288 le/Country (if abroad)	ZIP Code 1207	Business (Trunk Line)	Local			
*PREFERRED MAILING AD	ODRESS			Email Address				
Present Home Address ☐ Permanent Home Address ☐ Employer/Business Address deguzman_joshua96@yahoo.com								
deguzitidii_justida/oeya/filoo.com								

TEMPLOYERBUSINESS ADDRESS Unification No. Floor SUBCASTORISE SUBCASTORISE (Control No. 100 No.	PRESENT EMPLOYMENT	DETAILS (If with more than one (1) employer, use separate shee	t and follow format below)		
FORTHMEND AND INTERCOPTION INC **PAINCOVER RUBINESS ADDRESS** **Building Name** **Buil	*EMPLOYER/BUSINESS NAM	1E				OME
Definition Def	FORTHMEDIA INTERACTIVE DEVE	LOPMENT INC			Basic	+
Sized Name Sund Name Subdivision Barangay Total Mo. Income Sized Name Sund Name Subdivision Barangay Type Of WORK (For OFWa only) Canadassed (Pis. specify country of assignment)			Allowances/Ot	thers		
EMPLOYER/BUSINESS NAME EMPLOYER/BUSINESS NAME EMPLOYER/BUSINESS NAME EMPLOYER/BUSINESS ADDRESS EMP	16F BURGUN	NDY CORPORATE TOWER	LOT NO., BIOCK NO., FI		Total Mo. Inco	= me
AVE California State Country (If abroad) 23P Code Sea-based (Pts. specify manning agency)		Subdivision	Barangay			•
Municipality/City					Land-based (Pls. specify country of assignment)
MAKATI CITY					Sea-based (F	Pls. specify manning agency)
***COCUPATION** ***PROTORMANDERS** ***PREVIOUS EMPLOYMENT FROM DATE OF Pag-BIG Fund MEMBERSHIP (Use another street) recessary) ***PREVIOUS EMPLOYMENT FROM DATE OF Pag-BIG Fund MEMBERSHIP (Use another street) recessary) EMPLOYER/BUSINESS NAME ***EMPLOYER/BUSINESS NAME** EMPLOYER/BUSINESS ADDRESS EMPLOYER/BUSINESS NAME ***EMPLOYER/BUSINESS NAME** ***EMPLOYER/BUSINESS NAME** EMPLOYER/BUSINESS NAME** ***EMPLOYER/BUSINESS NAME** ***EMPLOYER/BUSINESS NAME** EMPLOYER/BUSINESS ADDRESS ***EMPLOYER/BUSINESS ADDRESS** ***EMPLOYER/BU		Province	*State/Country (If abro			
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EMPLOYER/BUSINESS ADDRESS Head Offlice					m m y y	y y y m m y y y y
HEIRS (in case of ideath, Fund benefits shall be divided among the member's heirs in accordance with the New Civil Code as amended by the New Family Code) (the another sheet if necessary) LAST NAME FIRST NAME NAME EXTENSION MIDDLE NAME (Check only if applicable) MEJIA CELY EUSEBIO MOTHER 0 8 1 7 1 9 6 0 0 m m d d y y y y y I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT. FOR Pag-IBIG FUND USE ONLY RECEIVED BY Signature over Printed Name Designation/Position Branch/Unit	EMPLOYER/BUSINESS NAMI	E				
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 it necessary) LAST NAME FIRST NAME NOMIDDLE NAME (Check only if applicable) EUSEBIO MOTHER MIDTHER NOMIDDLE NAME (Check only if applicable) MOTHER NOMIDDLE NAME (Check only if applicable) NOMIDDLE NAME (Check only if applicable) NOTHER NOMICH ONLY IN A CHECK ONLY IN A CH	EMPLOYED (DUONIEGO ADDO					
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MEJIA CELY EUSEBIO MOTHER 0 8 1 7 1 9 6 0 m m d d y y y y y I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT. FOR Pag-IBIG FUND USE ONLY RECEIVED BY Signature over Printed Name Designation/Position Branch/Unit		PST NAME NAME	MIDDLE NAME	NO MIDDLE NAME		
I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT. O6/14/2017 DATE	2.01.10.1112	EXTENSIO	N			
I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT. SIGNATURE OF MEMBER FOR Pag-IBIG FUND USE ONLY RECEIVED BY Signature over Printed Name Designation/Position Branch/Unit	MEJIA	CELY	EUSEBIO		-	
I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT. O6/14/2017						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 Signature over Printed Name Designation/Position Branch/Unit						m m d d v v v v
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 Signature over Printed Name Designation/Position Branch/Unit						
SIGNATURE OF MEMBER DATE FOR Pag-IBIG FUND USE ONLY RECEIVED BY Signature over Printed Name Designation/Position Branch/Unit	I HEREBY C	CERTIFY THAT THE INFORM	IATION GIVEN AND ALL	STATEMENTS MADE	HEREIN ARE TRU	E AND CORRECT.
SIGNATURE OF MEMBER DATE FOR Pag-IBIG FUND USE ONLY RECEIVED BY Signature over Printed Name Designation/Position Branch/Unit						
SIGNATURE OF MEMBER DATE FOR Pag-IBIG FUND USE ONLY RECEIVED BY Signature over Printed Name Designation/Position Branch/Unit				06/14	/2017	
RECEIVED BY Signature over Printed Name Designation/Position Branch/Unit Date		SIGNAT	TURE OF MEMBER			
RECEIVED BY Signature over Printed Name Designation/Position Branch/Unit Date			FOR Pag-IRIC FUN	ID LISE ONLY		
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			•			l avail of the Fund's various loan

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.