



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE 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 a single sheet of paper.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All fields marked with asterisk (*) are mandatory.
4. On the "OCCUPATIONAL STATUS" portion, if not employed or purpose is pre-employment, 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 your job, profession, or type of work to earn a living.
8. On the "HEIRS" portion, the provision on the Laws on Succession, under the New Civil 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 any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS		<input type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED		<input type="checkbox"/> CHECK THIS BOX IF FIRST TIME JOB SEEKER																															
*MEMBERSHIP CATEGORY																																					
MANDATORY				VOLUNTARY																																	
<input type="checkbox"/> EMPLOYED (PRIVATE)		<input type="checkbox"/> SELF-EMPLOYED		<input type="checkbox"/> EMPLOYED (FOREIGN GOVERNMENT)		<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION																															
<input type="checkbox"/> EMPLOYED (GOVERNMENT)		<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER		<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT																															
<input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD		<input type="checkbox"/> JOB ORDER PERSONNEL		<input type="checkbox"/> NON-WORKING SPOUSE		<input type="checkbox"/> OTHERS, Please specify																															
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)		<input type="checkbox"/> OTHER EARNING GROUP (OEGs)		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR																															
PERSONAL DETAILS																																					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)																																
*MEMBER					<input type="checkbox"/>																																
FATHER					<input type="checkbox"/>																																
*MOTHER (Maiden Name)					<input type="checkbox"/>																																
*SPOUSE (If Married)					<input type="checkbox"/>																																
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>																																
*DATE OF BIRTH		*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)																																	
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*PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)		*CITIZENSHIP		SSS/GSIS NUMBER																																	
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*SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)																																		
<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ (cm)	_____ (kg)																																			
COMMON REFERENCE NUMBER (CRN) (If Available)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction)		EMPLOYEE NUMBER																																	
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				For AFP/PNP Employee, Serial/Badge No.																																	
				For DepEd Employee, Division Code-Station Code																																	
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ADDRESS AND CONTACT DETAILS																																					
*PERMANENT HOME ADDRESS					(Indicate country code if abroad)																																
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name	COUNTRY + AREA CODE	TELEPHONE NUMBER																															
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code																																	
*PRESENT HOME ADDRESS					Home																																
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No.	Street Name	<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> </table>																																
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					Business (Trunk Line) Local																																
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*PREFERRED MAILING ADDRESS																																					
<input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address																																					

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

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

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

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	<table border="1"> <tr> <td>FROM</td> <td>TO</td> </tr> <tr> <td> <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>y</td><td>y</td><td>y</td><td>y</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table> </td> <td> <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>y</td><td>y</td><td>y</td><td>y</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table> </td> </tr> </table>	FROM	TO	<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>y</td><td>y</td><td>y</td><td>y</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>											m	m	y	y	y	y	m	m	y	y	y	y	<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>y</td><td>y</td><td>y</td><td>y</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr> </table>											m	m	y	y	y	y	m	m	y	y	y	y
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HEIRS *(In case of death, Fund benefits shall be divided among the member's heirs in accordance with the Rules of Succession under the New Civil Code, as amended) (Use another sheet if necessary)*

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME <i>(Check only if applicable)</i>	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><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>m</td><td>m</td><td>d</td><td>d</td></tr> </table>													m	m	d	d	y	y	y	y	m	m	d	d
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m	m	d	d	y	y	y	y	m	m	d	d																			

CERTIFICATION

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

SIGNATURE OF INFORMANT

DATE

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY	DATE
_____ <i>Signature over Printed Name</i> _____ <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.



MEMBER'S CHANGE OF INFORMATION FORM (MCIF)

Pag-IBIG MID NUMBER									
HOUSING ACCOUNT NUMBER (if applicable)									

INSTRUCTIONS

- This form shall be accomplished in one (1) copy.
- Accomplish the applicable portions to be changed/corrected only. Indicate N/A if not applicable.
- Print all entries in BLOCK/CAPITAL LETTERS.
- Submit duly accomplished form together with required supporting documents to any Pag-IBIG Branch nearest you.

NOTE: Please submit photocopy of the documents depending on the information to be changed. The original or certified true copy of the said document shall be presented for authentication.

CHECK THE APPROPRIATE BOX/BOXES AND ACCOMPLISH ONLY THE APPLICABLE PORTION/S TO BE CHANGED/UPDATED

<input type="checkbox"/> Change of Membership Category	<input type="checkbox"/> Change of Marital Status	<input type="checkbox"/> Updating of Heirs
<input type="checkbox"/> Change/Correction of Name	<input type="checkbox"/> Change of Address/Contact Details	<input type="checkbox"/> Others (Please specify)
<input type="checkbox"/> Correction of Date of Birth	<input type="checkbox"/> Change of Employment Details	

LAST NAME	FIRST NAME	NAME EXTENSION (e.g., Jr., II)	MIDDLE NAME
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1. CHANGE OF MEMBERSHIP CATEGORY

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

2. CHANGE/CORRECTION OF NAME (Last Name, First Name, Name Extension, Middle Name)

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

3. CORRECTION OF DATE OF BIRTH

FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)
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4. CHANGE OF MARITAL STATUS

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

FOR MARRIED WOMEN

Use Husband's Surname Use Maiden Name - Husband's Surname Retain Maiden Name

SPOUSE (For Married Status)	Last Name	First Name	Name Extension	Middle Name	No Middle Name <input type="checkbox"/>	DATE OF BIRTH (mm/dd/yyyy)
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5. CHANGE OF ADDRESS/CONTACT DETAILS (Please accomplish portions to be changed only)

PRESENT HOME ADDRESS							(Indicate country code if abroad)	
Unit/Room No.	Floor Bldg. Name	Lot No.	Block No.	Phase No.	House No.	Street Name	Subdivision	COUNTRY+AREA CODE TELEPHONE NUMBER
Barangay	Municipality/City	Province/State/Country (if abroad)				Zip Code	Home	
PERMANENT HOME ADDRESS							Cellphone	
Unit/Room No.	Floor Bldg. Name	Lot No.	Block No.	Phase No.	House No.	Street Name	Subdivision	Business (Direct Line)
Barangay	Municipality/City	Province/State/Country (if abroad)				Zip Code	Business (Trunk Line)	
PREFERRED MAILING ADDRESS							Email Address	
<input type="checkbox"/> Present Home Address			<input type="checkbox"/> Permanent Home Address			<input type="checkbox"/> Employer/Business Address		

6. CHANGE OF EMPLOYMENT DETAILS

EMPLOYER/BUSINESS NAME	OCCUPATION
EMPLOYER/BUSINESS ADDRESS	EMPLOYMENT STATUS
Unit/Room No. Floor Bldg. Name Lot No. Block No. Phase No. House No. Street Name Subdivision	
Barangay Municipality/City Province/State/Country (if abroad) Zip Code	DATE EMPLOYED (Month, Year)

7. UPDATING OF HEIRS (Please use separate sheet, if necessary)

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

8. OTHERS (Please specify)

FROM	TO
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CERTIFICATION

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing, (c) access, (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

_____ Signature over Printed Name of Member	_____ Date
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THIS PORTION IS FOR Pag-IBIG USE ONLY			
RECEIVED BY	DATE	APPROVED BY	DATE