



MEMBER'S DATA FORM

(Pls. read instructions at the back before accomplishing this form)

LATEST PHOTO
(1" x 1")

- NEW MEMBER** – An employee/individual who is remitting his first Pag-IBIG contribution as of the date the MDF is being accomplished.
- OLD MEMBER** – An employee/individual who is already a registered Pag-IBIG member at the time the MDF is being accomplished.
- TRANSFEREE** – A registered Pag-IBIG member who remitted his contribution to another Pag-IBIG NCR/Regional Branch or Extension Office.

FAMILY NAME		FIRST NAME	MIDDLE NAME	MOTHER'S MAIDEN NAME (IF MARRIED)		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> LEGALLY SEPARATED	
HOME ADDRESS				HOME TEL NO.		BIRTHDATE MO DAY YEAR		PLACE OF BIRTH	
HDMF ID NO.	EMPLOYEE ID NO.	SSS/GSIS ID NO.	TAX IDENTIFICATION NO. (TIN)	FOR AFP EMP-SERIAL/ACCT NO. FOR DECS EMP-DIV. CODE/ STATION CODE/EMPLOYEE NO.			Pag-IBIG HOUSING LOAN ID NO.		
COMPANY/EMPLOYER NAME						EMPLOYER CATEGORY <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENT		WITH HOUSING LOAN <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY/EMPLOYER ADDRESS								OFFICE TEL NO.	

BENEFICIARIES (IN CASE OF DEATH, FUND BENEFITS SHALL BE DIVIDED AMONG THE MEMBER'S LEGAL HEIRS IN ACCORDANCE WITH THE NEW CIVIL CODE AS AMENDED BY THE NEW FAMILY CODE) (Use another sheet if necessary)

NAME OF SPOUSE		NAME OF FATHER		NAME OF MOTHER	
CHILDREN			OTHER BENEFICIARIES (IN CASE YOU DO NOT HAVE SPOUSE/SHILD/CHILDREN OR PARENTS RELATIVES WITHIN SIX (6TH) CIVIL DEGREE OF CONSANGUINITY)		
NAME		BIRTHDATE	NAME		RELATIONSHIP

EMPLOYMENT HISTORY FROM DATE OF Pag-IBIG MEMBERSHIP (Use another sheet if necessary)

NAME OF EMPLOYER	ADDRESS	MEMBERSHIP CATEGORY	FROM (Mo./Yr.)	TO (Mo./Yr.)

EMPLOYER CERTIFICATION

I HEREBY CERTIFY UNDER PAIN OF PERJURY THAT THE EMPLOYEE NAMED HEREIN IS EMPLOYED BY US AND IS A REGISTERED PAG-IBIG MEMBER WITH THE FOLLOWING RECORD:

1. EMPLOYMENT STATUS PERMANENT TEMPORARY

2. SALARY

BASIC _____

COLA _____

TOTAL _____

AUTHORIZED SIGNATORY
(Signature Over Printed Name)

DESIGNATION

EMPLOYER SSS ID NO./GOV'T AGENCY CODE _____

BRANCH CODE

I HEREBY CERTIFY THAT THE ABOVE DATA AND INFORMATION ARE TRUE AND CORRECT.

_____ _____

SIGNATURE OF MOTHER DATE

APPLICANT'S SPECIMEN SIGNATURE

SIGNATURE INITIALS

_____ _____

_____ _____

_____ _____

_____ _____

LEFT THUMBMARK RIGHT THUMBMARK

FOR HDMF USE ONLY

HDMF ID NO.	PFR NO.	PFR DATE	AMOUNT P	PERIOD COVERED	VERIFIED BY/DATE
-------------	---------	----------	-------------	----------------	------------------