



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG FUND USE ONLY	
Pag-IBIG NUMBER	

NOTE: PLEASE READ INSTRUCTIONS AT THE BACK BEFORE ACCOMPLISHING THIS FORM.

LAST NAME _____ FIRST NAME _____ NAME EXTENSION _____ MIDDLE NAME _____ FATHER'S NAME LAST NAME _____ FIRST NAME _____ NAME EXTENSION _____ MIDDLE NAME _____ MOTHER'S MAIDEN NAME LAST NAME _____ FIRST NAME _____ NAME EXTENSION _____ MIDDLE NAME _____					TAXPAYER IDENTIFICATION NUMBER (TIN) _____ DATE OF BIRTH m m d d y y y y _____ PLACE OF BIRTH (CITY/MUNICIPALITY) _____ PROVINCE/COUNTRY (PLEASE INDICATE THE COUNTRY IF BORN OUTSIDE THE PHILIPPINES) _____ CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> ANNULLED <input type="checkbox"/> WIDOW/ER HEIGHT (m) _____ WEIGHT (kg) _____		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE CITIZENSHIP _____
SSS/GSIS NUMBER _____ FOR AFP EMP-SERIAL/ACCT. NO. FOR DECS EMP-DIV. CODE/STATION CODE/EMPLOYEE NO. _____		PROMINENT DISTINGUISHING FACIAL FEATURE/S (EX. MOLES, SCARS, ETC.) _____					
COMMON REFERENCE NO. (CRN)/UNIFIED MULTI-PURPOSE ID NO. (UMID) (IF AVAILABLE) _____							
PERMANENT HOME ADDRESS HOUSE/BLDG/UNIT/ROOM NO. FLOOR LOT NO. BLOCK NO. PHASE NO. _____ BUILDING NAME _____ STREET NAME _____ SUBDIVISION NAME _____ BARANGAY NAME _____ CITY/MUNICIPALITY _____ ZIP CODE _____							
MAILING ADDRESS (ABROAD) (TO BE ACCOMPLISHED BY THE OFWs ONLY) HOUSE/BLDG/UNIT/ROOM NO. FLOOR _____ BUILDING NAME _____ STREET NAME _____ CITY/STATE _____ COUNTRY _____ ZIP CODE _____							
MEMBERSHIP CATEGORY <input type="checkbox"/> EMPLOYED <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW) <input type="checkbox"/> COOPERATIVE/TRADE ASSOCIATION <input type="checkbox"/> NON-WORKING SPOUSE		MONTHLY INCOME BASIC _____ + ALLOWANCES _____ = GROSS _____					
EMPLOYMENT STATUS <input type="checkbox"/> PERMANENT/REGULAR <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> CASUAL <input type="checkbox"/> PROJECT-BASED <input type="checkbox"/> TEMPORARY/PART-TIME		CONTACT NUMBER/S (INDICATE COUNTRY CODE IF ABROAD) HOME COUNTRY/AREA CODE TELEPHONE NUMBER _____ CELL PHONE COUNTRY/AREA CODE CELL PHONE NUMBER _____ BUSINESS COUNTRY/AREA CODE DIRECT LINE _____ TRUNK LINE LOCAL _____					
EMAIL ADDRESS _____							
FOR OFWs ONLY DESIRED MEMBERSHIP TERM <input type="checkbox"/> 5 YEARS <input type="checkbox"/> 10 YEARS <input type="checkbox"/> 15 YEARS <input type="checkbox"/> 20 YEARS							
COMPANY/EMPLOYER NAME _____ BRANCH/OFFICE ASSIGNMENT _____ COMPANY/EMPLOYER ADDRESS _____ RECRUITMENT/MANNING AGENCY (TO BE ACCOMPLISHED BY THE OFWs ONLY) _____							

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)

LAST NAME <input style="width:100%; height: 15px;" type="text"/> MIDDLE NAME <input style="width:100%; height: 15px;" type="text"/>	FIRST NAME <input style="width:100%; height: 15px;" type="text"/> DATE OF BIRTH <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <small>m m d d y y y y</small>	RELATIONSHIP <input style="width:100%; height: 15px;" type="text"/>
LAST NAME <input style="width:100%; height: 15px;" type="text"/> MIDDLE NAME <input style="width:100%; height: 15px;" type="text"/>	FIRST NAME <input style="width:100%; height: 15px;" type="text"/> DATE OF BIRTH <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <small>m m d d y y y y</small>	RELATIONSHIP <input style="width:100%; height: 15px;" type="text"/>
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EMPLOYMENT HISTORY FROM DATE OF Pag-IBIG MEMBERSHIP (USE ANOTHER SHEET IF NECESSARY)

COMPANY/EMPLOYER NAME <input style="width:100%; height: 15px;" type="text"/> COMPANY/EMPLOYER ADDRESS <input style="width:100%; height: 15px;" type="text"/>	BRANCH/OFFICE ASSIGNMENT FROM <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> TO <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <small>m m y y y y m m y y y y</small>
COMPANY/EMPLOYER NAME <input style="width:100%; height: 15px;" type="text"/> COMPANY/EMPLOYER ADDRESS <input style="width:100%; height: 15px;" type="text"/>	BRANCH/OFFICE ASSIGNMENT FROM <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> TO <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <small>m m y y y y m m y y y y</small>
COMPANY/EMPLOYER NAME <input style="width:100%; height: 15px;" type="text"/> COMPANY/EMPLOYER ADDRESS <input style="width:100%; height: 15px;" type="text"/>	BRANCH/OFFICE ASSIGNMENT FROM <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> TO <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <input style="width:20%; height: 15px;" type="text"/> <small>m m y y y y m m y y y y</small>

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENT MADE HEREIN ARE TRUE AND CORRECT.

SIGNATURE OF MEMBER

DATE

SPECIMEN SIGNATURES

INITIALS

INSTRUCTIONS

1. The Member's Data Form (MDF) shall be accomplished in two (2) copies.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. The "NAME EXTENSION" shall refer to JR., SR., III, and the like.
4. Indicate the full name of your father and mother as they appear in your birth certificate.
5. The provision on the Intestate succession, as provided in the New Family Code, shall be observed in accomplishing the "BENEFICIARIES" portion:
 - a. SINGLE – Mother, Father, Brother and/or Sister
 - b. MARRIED – Spouse, Son, Daughter, Mother and Father
6. For any subsequent change of information, please secure and accomplish two (2) copies of the Member's Change of Information Form (MCIF) and submit to the concerned Pag-IBIG Branch.