



MEMBER'S DATA FORM (MDF)

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

FOR Pag-IBIG USE ONLY									
Pag-IBIG ID NUMBER									

LAST NAME		FIRST NAME		NAME EXTENSION	MIDDLE NAME		NO MIDDLE NAME <i>(Check if applicable only)</i>																																																					
MEMBER							<input type="checkbox"/>																																																					
FATHER							<input type="checkbox"/>																																																					
MOTHER <i>(Maiden Name)</i>							<input type="checkbox"/>																																																					
SPOUSE <i>(If Married)</i>							<input type="checkbox"/>																																																					
DATE OF BIRTH <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>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td><td></td><td></td></tr> </table>													m	m	d	d	y	y	y	y			TAXPAYERS IDENTIFICATION NUMBER (TIN) <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>													EMPLOYEE NUMBER <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> <i>For AFP/PNP Employee, Serial/Badge No.</i> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <i>For DECS Employee, Division Code-Station Code</i> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																								
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PLACE OF BIRTH <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>			SSS/GSIS NUMBER																																																									
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			CITIZENSHIP																																																									
CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated			HEIGHT _____ (m)		WEIGHT _____ (kg)		PROMINENT DISTINGUISHING FACIAL FEATURE/S <i>(Ex. Moles, Scars, etc.)</i>																																																					
PERMANENT HOME ADDRESS						CONTACT NUMBERS <i>(Indicate country code if abroad)</i>																																																						
House/Bldg/Unit/Floor/Room No.		Lot No.	Block No.	Phase No.		COUNTRY+AREA CODE		TELEPHONE NUMBER																																																				
Building		Street				Home																																																						
Subdivision		Barangay				Cellphone																																																						
Municipality/City/Province		ZIP Code				Business <i>(Direct Line)</i>																																																						
						Business <i>(Trunk Line)</i>		Local																																																				
PRESENT ADDRESS						EMPLOYMENT STATUS																																																						
House/Bldg/Unit/Floor/Room No.		Lot No.	Block No.	Phase No.		<input type="checkbox"/> Permanent/Regular		<input type="checkbox"/> Contractual																																																				
Building		Street				<input type="checkbox"/> Casual		<input type="checkbox"/> Project-based																																																				
Subdivision		Barangay				<input type="checkbox"/> Part-time/Temporary																																																						
Municipality/City/Province		ZIP Code				MONTHLY INCOME																																																						
State/Country <i>(If abroad)</i>		E-Mail Address				Basic + Allowances/Others = Gross																																																						
PREFERRED MAILING ADDRESS						<i>(For Overseas Filipino Worker's (OFWs) only)</i>																																																						
<input type="checkbox"/> Permanent Home Address		<input type="checkbox"/> Present Address		<input type="checkbox"/> Employer/Business Address		DESIRED MEMBERSHIP TERM																																																						
						<input type="checkbox"/> 5 years		<input type="checkbox"/> 15 years																																																				
						<input type="checkbox"/> 10 years		<input type="checkbox"/> 20 years																																																				
COMMON REFERENCE NUMBER (CRN)/UNIFIED MULTI-PURPOSE ID NO. <i>(If Available)</i>						TYPE OF WORK																																																						
						<input type="checkbox"/> Land-based		<input type="checkbox"/> Sea-based																																																				
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE						NO MIDDLE NAME <i>(Check if applicable only)</i>																																																						
LAST NAME		FIRST NAME		NAME EXTENSION	MIDDLE NAME		<input type="checkbox"/>																																																					

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	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH																				
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MEMBERSHIP CATEGORY

- | | | |
|--|---|--|
| <input type="checkbox"/> EMPLOYED | <input type="checkbox"/> VOLUNTARY | |
| <input type="checkbox"/> Private | <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Cooperative/Trade Association |
| <input type="checkbox"/> Government | <input type="checkbox"/> Overseas Filipino Worker (OFW) | <input type="checkbox"/> Non-Working Spouse |
| | <input type="checkbox"/> Individual Payor | |

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

EMPLOYER/BUSINESS NAME	BRANCH/OFFICE ASSIGNMENT																									
EMPLOYER/BUSINESS ADDRESS	FROM <table border="1"> <tr> <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> </tr> </table>							m	m	y	y	y	y	TO <table border="1"> <tr> <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> </tr> </table>							m	m	y	y	y	y
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m	m	y	y	y	y																					

MANNING AGENCY (To be accomplished by the Seafarers only)

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., II, III and the like.
4. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
5. Accomplish only the "PRESENT ADDRESS" if it is different with the "PERMANENT HOME ADDRESS".
6. On the "BENEFICIARIES" portion, the provision on the Intestate Succession, as provided in the New Family Code shall be observed.
 - a. SINGLE - Mother, Father, Brother and/or Sister
 - b. MARRIED - Spouse, Son, Daughter, Mother and Father
7. For any subsequent change of information, please secure and accomplish two (2) copies of the Member's Change of Information Form (MCIF [FPF110]) and submit to the concerned Pag-IBIG Branch.