



MEMBER'S DATA FORM (MDF)

FOR HDMF USE ONLY	
Pag-IBIG MID NUMBER	<input type="text"/>
REGISTRATION TRACKING NUMBER	<input type="text"/>

INSTRUCTIONS

- Accomplish this form in two (2) copies.
- Type or print all entries in BLOCK or CAPITAL LETTERS.
- The "NAME EXTENSION" shall refer to JR., II, III and the like.
- Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate
- Accomplish only the "PERMANENT HOME ADDRESS" if it is different with the "PRESENT HOME ADDRESS".
- On the "CONTACT DETAILS" portion, indicate at least one (1) contact number.
- On the "OCCUPATION" portion, indicate occupation based on the provided List of Occupation.
- On the "BENEFICIARIES" portion, the provision on the Intestate Succession, as provided in the New Family Code shall be observed.
 - SINGLE - Mother, Father, Brother and/or Sister
 - MARRIED - Spouse, Son, Daughter, Mother and Father
- Upon submission of this form, present at least one (1) valid ID.
- 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 HDMF Branch.

MEMBERSHIP CATEGORY

MANDATORY

- EMPLOYED PRIVATE
- EMPLOYED GOVERNMENT
- EMPLOYED PRIVATE HOUSEHOLD

- OVERSEAS FILIPINO WORKER (OFW)
- SELF-EMPLOYED (SE)
- OTHER WORKING GROUP (OWG)

VOLUNTARY

- EMPLOYED
- INDIVIDUAL PAYOR (IP)
- OTHER WORKING GROUP (OWG, if income is less than P1,000.00)

	LAST NAME	FIRST NAME	NAME EXTENSION <small>(e.g. Jr., II)</small>	MIDDLE NAME	NO MIDDLE NAME <small>(check if applicable only)</small>
MEMBER					<input type="checkbox"/>
FATHER					<input type="checkbox"/>
MOTHER <small>(Maiden Name)</small>					<input type="checkbox"/>
SPOUSE <small>(If Married)</small>					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

DATE OF BIRTH <input type="text"/> <small>m m d d y y y y</small>		MARITAL STATUS <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		TAXPAYERS IDENTIFICATION NUMBER (TIN) <input type="text"/>	
PLACE OF BIRTH <small>(City/Municipality/Province/Country)</small> <small>(Please indicate country if born outside the Philippines)</small>		CITIZENSHIP		SSS/GSIS NUMBER <input type="text"/>	
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT _____ (m)	WEIGHT _____ (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES <small>(Ex. Moles, Scars, etc.)</small>		
COMMON REFERENCE NUMBER (CRN) <small>(If Available)</small> <input type="text"/>		FREQUENCY OF MC PAYMENT <small>(If payment of contribution is not thru payroll deduction)</small> <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly		EMPLOYEE NUMBER <input type="text"/> <small>For AFP/PNP Employee, Serial/Badge No.</small> <input type="text"/> <small>For DepEd Employee, Division Code-Station Code</small> <input type="text"/>	

ADDRESS AND CONTACT DETAILS

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

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

EMPLOYER/BUSINESS NAME			MONTHLY INCOME <i>Basic</i> _____	
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.			+ <i>Allowances/Others</i> _____	
Street Name Subdivision Barangay			=	
Municipality/City Province State/Country (If abroad) ZIP Code			TOTAL Mo. Income _____	
TYPE OF WORK (For OFWs only) <input type="checkbox"/> Land-based <input type="checkbox"/> Sea-based			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
OCCUPATION	EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Casual <input type="checkbox"/> Project-based <input type="checkbox"/> Part-time/Temporary		FROM [][] [][] [][][][] m m y y y y	TO [][] [][] [][][][] m m y y y y

PREVIOUS EMPLOYMENT FROM DATE OF HDMF MEMBERSHIP (Use another sheet if necessary)

EMPLOYER/BUSINESS NAME			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS			FROM [][] [][] [][][][] m m y y y y	TO [][] [][] [][][][] m m y y y y
EMPLOYER/BUSINESS NAME			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS			FROM [][] [][] [][][][] m m y y y y	TO [][] [][] [][][][] m m y y y y
EMPLOYER/BUSINESS NAME			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS			FROM [][] [][] [][][][] m m y y y y	TO [][] [][] [][][][] m m y y y y

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 <small>(Check only if applicable)</small>	RELATIONSHIP	DATE OF BIRTH
				<input type="checkbox"/>		[][] [][] [][][][] [][][][] m m d d y y y y
				<input type="checkbox"/>		[][] [][] [][][][] [][][][] m m d d y y y y
				<input type="checkbox"/>		[][] [][] [][][][] [][][][] m m d d y y y y
				<input type="checkbox"/>		[][] [][] [][][][] [][][][] 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

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.