MEMBER'S DATA FORM (MDF)

REGISTRATION TRACKING NO. _____

FOR HDMF USE ONLY
Pag-IBIG MID No. ⬜⬜⬜⬜▨⬜⬜⬜▨⬜⬜⬜

INSTRUCTIONS

1. Submit this form 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 "PERMANENT HOME ADDRESS" if it is different with the "PRESENT 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. Upon submission of this form, present at least one (1) valid ID.
8. 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

⭘ **VOLUNTARY**
- ☐ EMPLOYED
- ☐ INDIVIDUAL PAYOR

OTHER PROGRAMS (VOLUNTARY)
- ☐ **MODIFIED Pag-IBIG II** (Cir. 276 dtd. 2/3/10)
- ☐ **Pag-IBIG II** (Cir. 72 dtd. 10/23/89)
- ☐ **POP** (Cir. 98 dtd. 10/2/91)
- ☐ **POP** (Cir. 98-C dtd. 1/28/04)

	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
MEMBER					☐
FATHER					☐
MOTHER (Maiden Name)					☐
SPOUSE (If Married)					☐
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					☐

DATE OF BIRTH
⬜⬜ _ ⬜⬜ _ ⬜⬜⬜⬜
m m   d d   y y y y

CIVIL STATUS
- ☐ Single ☐ Widow/er ☐ Annulled
- ☐ Married ☐ Legally Separated

TAXPAYERS IDENTIFICATION NUMBER (TIN)
⬜⬜⬜⬜ _ ⬜⬜⬜ _ ⬜⬜⬜

PLACE OF BIRTH (City/Municipality/Province/Country)
(Please indicate country if born outside the Philippines)

CITIZENSHIP

SSS/GSIS NUMBER
⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜

EMPLOYEE NUMBER

GENDER
- ☐ Male
- ☐ Female

HEIGHT _____ (m)

WEIGHT _____ (kg)

PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)

For AFP/PNP Employee, Serial/Badge No.

COMMON REFERENCE NUMBER (CRN)/UNIFIED MULTI-PURPOSE ID NO. *(If Available)*
⬜⬜⬜⬜▨⬜⬜⬜▨⬜⬜⬜

For DECS Employee, Division Code-Station Code

PRESENT HOME ADDRESS

Unit/Room No., Floor

Building Name

Lot No.   Block No.   Phase No.   House No.   Street Name

Subdivision

Barangay

Municipality/City

Province

ZIP Code ⬜⬜⬜⬜

State/Country (if abroad)

CONTACT DETAILS

(Indicate country code if abroad)
COUNTRY + AREA CODE   TELEPHONE NUMBER

Home

Cell Phone

Business (Direct Line)

Business (Trunk Line)   Local

Email Address

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

Revised 02/2010

PERMANENT HOME ADDRESS		

| Unit/Room No., Floor | Building Name | Lot No. | Block No. | Phase No. | House No. |

| Street Name | Subdivision | Barangay |

| Municipality/City | Province | ZIP Code |

PREFERRED MAILING ADDRESS ☐ Present Home Address ☐ Permanent Home Address ☐ Employer/Business Address

PRESENT EMPLOYMENT DETAILS

EMPLOYER/BUSINESS NAME	**EMPLOYMENT STATUS** ☐ Permanent/Regular ☐ Contractual ☐ Casual ☐ Project-based ☐ Part-time/Temporary

EMPLOYER/BUSINESS ADDRESS	
Unit/Room No., Floor Building Name	**OFFICE ASSIGNMENT** ☐ Head Office ☐ Branch _____
Lot No. Block No. Phase No. House No. Street Name	**MONTHLY INCOME** *Basic* _____ + *Allowances/Others* _____ = *Total Mo. Income* _____
Subdivision/Barangay Municipality/City ZIP Code	
Province State/Country *(if abroad)*	**TYPE OF WORK** *(For OFWs only)* ☐ Land-based ☐ Sea-based

MANNING AGENCY *(To be accomplished by the Seafarers only)*

PREVIOUS EMPLOYMENT FROM DATE OF HDMF MEMBERSHIP *(Use another sheet if necessary)*	
EMPLOYER/BUSINESS NAME	**OFFICE ASSIGNMENT** ☐ Head Office ☐ Branch _____
EMPLOYER/BUSINESS ADDRESS	**FROM** ☐☐ ☐☐☐☐ **TO** ☐☐ ☐☐☐☐ m m y y y y m m y y y y
EMPLOYER/BUSINESS NAME	**OFFICE ASSIGNMENT** ☐ Head Office ☐ Branch _____
EMPLOYER/BUSINESS ADDRESS	**FROM** ☐☐ ☐☐☐☐ **TO** ☐☐ ☐☐☐☐ m m y y y y 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 *(Check only if applicable)*	RELATIONSHIP	DATE OF BIRTH
				☐		☐☐ ☐☐ ☐☐☐☐ m m d d y y y y
				☐		☐☐ ☐☐ ☐☐☐☐ m m d d y y y y
				☐		☐☐ ☐☐ ☐☐☐☐ 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**

SPECIMEN SIGNATURES   **INITIALS**

_____   _____

_____   _____

_____   _____