



MEMBER'S CHANGE OF INFORMATION FORM (MCIF)

Pag-IBIG MID NUMBER

INSTRUCTIONS

1. Accomplish this form in one (1) copy.
2. Accomplish the applicable portions to be changed only.
3. Type or print all entries in **BLOCK/CAPITAL LETTERS**.
4. This form shall be submitted to any of the following:
 - a) Thru Employer, if employed
 - b) Thru on-line
 - c) Thru Pag-IBIG NCR/Regional branch.

REQUIREMENTS

1. For change of name and/or marital status because of marriage, submit photocopy of Marriage Contract with registry number.
2. For correction/change of name and/or marital status for reason other than marriage, submit certified true copy of Birth Certificate issued by the National Statistics Office (NSO), Court Order or Death Certificate of the deceased spouse, whichever is applicable.
3. For correction of date of birth, submit certified true copy of Birth Certificate issued by the National Statistics Office (NSO).
4. For updating of beneficiaries, submit certified true copy of Birth Certificate of the additional beneficiary/ies issued by the National Statistics Office (NSO) to establish relationship with the member.

CHECK APPROPRIATE BOX ONLY

- ☐ 1. CORRECTION OF NAME ☐ 3. CHANGE OF MARITAL STATUS ☐ 5. UPDATING OF HEIRS
☐ 2. CORRECTION OF DATE OF BIRTH ☐ 4. CHANGE OF FREQUENCY OF MC PAYMENT ☐ 6. CHANGE OF ADDRESS/CONTACT DETAILS

LAST NAME	FIRST NAME	NAME EXTENSION (e.g., jr., II, etc.)	MIDDLE NAME	NO MIDDLE NAME (Check if applicable only) <input type="checkbox"/>				
1. CORRECTION OF NAME								
FROM			TO					
2. CORRECTION OF DATE OF BIRTH								
FROM			TO					
3. CHANGE OF MARITAL STATUS								
<input type="checkbox"/> Due to marriage FROM			<input type="checkbox"/> Other Reason (Please specify) _____ TO					
4. CHANGE OF FREQUENCY OF MC PAYMENT								
FROM			TO <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually					
5. UPDATING OF HEIRS (Please use separate sheet, if necessary)								
LAST NAME	FIRST NAME	NAME EXTENSION (e.g., jr., II, etc.)	MIDDLE NAME	NO MIDDLE NAME (Check if applicable only)	DATE OF BIRTH (mm/dd/yyyy)	RELATIONSHIP	ADDITION	DELETION
				<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
6. CHANGE OF ADDRESS/CONTACT DETAILS (Please accomplish portions to be changed only)								
PRESENT HOME ADDRESS						(Indicate country code if abroad) COUNTRY+AREA CODE TELEPHONE NUMBER Home <input type="text"/> <input type="text"/>		
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No. House No		Street Name	Subdivision			
Barangay	Municipality/City	Province/State/Country (if abroad)		ZIP Code		Cellphone <input type="text"/> <input type="text"/>		
PERMANENT HOME ADDRESS						Business (Direct Line) <input type="text"/> <input type="text"/>		
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No. House No		Street Name	Subdivision	Business (Trunkline) Local <input type="text"/> <input type="text"/> <input type="text"/>		
Barangay	Municipality/City	Province/State/Country (if abroad)		ZIP Code		Email Address <input type="text"/>		
CERTIFICATION								
I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.								
_____ SIGNATURE OF MEMBER					_____ DATE			
FOR Pag-IBIG FUND USE ONLY								
DOCUMENTS SUBMITTED <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Marriage Contract <input type="checkbox"/> Death Certificate				<input type="checkbox"/> Court Order <input type="checkbox"/> Others (Please specify) _____		RECEIVED BY _____		DATE _____
						APPROVED BY _____		DATE _____

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

*EMPLOYER/BUSINESS NAME				MONTHLY INCOME Basic _____ + Allowances/Others _____ = _____ Total Mo. Income _____			
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.							
Street Name		Subdivision		Barangay		*TYPE OF WORK (For OFWs only) <input type="checkbox"/> Land-based <input type="checkbox"/> Sea-based	
Municipality/City		Province		State/Country (If abroad)		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"/> Pari-time/Temporary		*FROM [][] [][] [][] [][] [][] [][] m m y y y y y		TO [][] [][] [][] [][] [][] [][] m m y 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 y		TO [][] [][] [][] [][] [][] [][] m m y 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 y		TO [][] [][] [][] [][] [][] [][] m m y 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 y		TO [][] [][] [][] [][] [][] [][] m m y y y y y	

HEIRS (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
				<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.