



MEMBER'S CHANGE OF INFORMATION FORM (MCIF)

Pag-IBIG MID NUMBER

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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

- | | | |
|---|---|---|
| <input type="checkbox"/> 1. CORRECTION OF NAME | <input type="checkbox"/> 3. CHANGE OF MARITAL STATUS | <input type="checkbox"/> 5. UPDATING OF HEIRS |
| <input type="checkbox"/> 2. CORRECTION OF DATE OF BIRTH | <input type="checkbox"/> 4. CHANGE OF FREQUENCY OF MC PAYMENT | <input type="checkbox"/> 6. CHANGE OF ADDRESS/CONTACT DETAILS |

LAST NAME	FIRST NAME	NAME EXTENSION (e.g., jr., II, etc.)	MIDDLE NAME	NO MIDDLE NAME <small>(Check if applicable only)</small>				
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 <small>(e.g., jr., II, etc.)</small>	MIDDLE NAME	NO MIDDLE NAME <small>(Check if applicable only)</small>	DATE OF BIRTH <small>(mm/dd/yyyy)</small>	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						<i>(Indicate country code if abroad)</i> COUNTRY+AREA CODE TELEPHONE NUMBER		
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision	Home		
Barangay	Municipality/City	Province/State/Country (if abroad)		ZIP Code		Cellphone		
PERMANENT HOME ADDRESS						Business (Direct Line)		
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		Business (Trunkline)	Local	
						Email Address		

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	RECEIVED BY	DATE	APPROVED BY	DATE
<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) _____				

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

*EMPLOYER/BUSINESS NAME			MONTHLY INCOME		
			Basic _____		
*EMPLOYER/BUSINESS ADDRESS			+ Allowances/Others _____		
Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No.			= Total Mo. Income _____		
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)		ZIP Code
					OFFICE ASSIGNMENT
					<input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
*OCCUPATION		*EMPLOYMENT STATUS		*FROM	TO
		<input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual		<input type="checkbox"/> Casual <input type="checkbox"/> Project-based	
		<input type="checkbox"/> Pari-time/Temporary		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
				m m y y y y	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	TO	
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
			m m y y y y	m m y y y y	
EMPLOYER/BUSINESS NAME			OFFICE ASSIGNMENT		
			<input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____		
EMPLOYER/BUSINESS ADDRESS			FROM	TO	
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
			m m y y y y	m m y y y y	
EMPLOYER/BUSINESS NAME			OFFICE ASSIGNMENT		
			<input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____		
EMPLOYER/BUSINESS ADDRESS			FROM	TO	
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
			m m y y y y	m m 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 <small>(Check only if applicable)</small>	RELATIONSHIP	DATE OF BIRTH
				<input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
				<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.