FPF090

MEMBER'S DATA FORM (MDF)

FOR HDMF USE ONLY
Pag-IBIG MID NUMBER
REGISTRATION TRACKING NUMBER

INSTRUCTIONS

1. Accomplish 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 "CONTACT DETAILS" portion, indicate at least one (1) contact number.
7. On the "OCCUPATION' portion, indicate occupation based on the provided List of Occupation.
8. 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
9. Upon submission of this form, present at least one (1) valid ID.
10. 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 *(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

MARITAL STATUS
☐ Single/Unmarried ☐ Widow/er ☐ Annulled
☐ Married ☐ Legally Separated

TAXPAYERS IDENTIFICATION NUMBER (TIN)

SSS/GSIS NUMBER

EMPLOYEE NUMBER

For AFP/PNP Employee, Serial/Badge No.

For DepEd Employee, Division Code-Station Code

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

CITIZENSHIP

SEX
☐ Male
☐ Female

HEIGHT _____ (m)

WEIGHT _____ (kg)

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

COMMON REFERENCE NUMBER (CRN)
(If Available)

FREQUENCY OF MC PAYMENT
(If payment of contribution is not thru payroll deduction)
☐ Monthly ☐ Semi-Annually
☐ Quarterly

ADDRESS AND CONTACT DETAILS

PRESENT HOME ADDRESS
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

PERMANENT HOME ADDRESS
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

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

(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.

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)*
☐ Land-based ☐ Sea-based

Municipality/City | Province | State/Country (If abroad) | ZIP Code

OFFICE ASSIGNMENT
☐ Head Office ☐ Branch _____

OCCUPATION

EMPLOYMENT STATUS
☐ Permanent/Regular ☐ Contractual
☐ Casual ☐ Project-based
☐ 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
☐ Head Office ☐ Branch _____

EMPLOYER/BUSINESS ADDRESS

FROM m m y y y y | TO m m y y y y

EMPLOYER/BUSINESS NAME

OFFICE ASSIGNMENT
☐ Head Office ☐ Branch _____

EMPLOYER/BUSINESS ADDRESS

FROM m m y y y y | TO m m y y y y

EMPLOYER/BUSINESS NAME

OFFICE ASSIGNMENT
☐ Head Office ☐ 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 *(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
				☐		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.***