



# MEMBER'S DATA FORM (MDF)

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

### INSTRUCTIONS

1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on one single sheet of paper.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All fields which are marked with asterisk (\*) are mandatory.
4. On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
5. The "NAME EXTENSION" shall refer to JR., II, III and the like.
6. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
7. On the "OCCUPATION" portion, indicate occupation based on the List of Occupation, as provided in the Philippine Standard Occupational Classification (PSOC).
8. On the "HEIRS" portion, the provision on the Laws on Succession, as provided in the New Civil Code of the Philippines, as amended by the New Family Code, shall be observed.
9. For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to the concerned Pag-IBIG Branch.

<b>*OCCUPATIONAL STATUS</b>		<input type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/ NOT YET EMPLOYED																									
<b>*MEMBERSHIP CATEGORY</b>																													
<b>MANDATORY</b>																													
<input type="checkbox"/> EMPLOYED PRIVATE		<input type="checkbox"/> EMPLOYED GOVERNMENT		<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)																									
<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT		<input type="checkbox"/> NON-WORKING SPOUSE		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR																									
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> OTHERS <i>Please specify</i>																									
<b>VOLUNTARY</b>																													
<input type="checkbox"/> EMPLOYED																													
<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT		<input type="checkbox"/> NON-WORKING SPOUSE		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR																									
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE		<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION																									
<i>Please specify</i>																													
	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>NAME EXTENSION</b> <i>(e.g. Jr., II)</i>	<b>MIDDLE NAME</b>	<b>NO MIDDLE NAME</b> <i>(check if applicable only)</i>																								
<b>*MEMBER</b>					<input type="checkbox"/>																								
<b>FATHER</b>					<input type="checkbox"/>																								
<b>*MOTHER</b> <i>(Maiden Name)</i>					<input type="checkbox"/>																								
<b>*SPOUSE</b> <i>(If Married)</i>					<input type="checkbox"/>																								
<b>MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE</b>					<input type="checkbox"/>																								
<b>*DATE OF BIRTH</b>		<b>*MARITAL STATUS</b>		<b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b>																									
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>										m	m	d	d	y	y	y	y	<input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>									
m	m	d	d	y	y	y	y																						
<b>*PLACE OF BIRTH</b> <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>		<b>*CITIZENSHIP</b>		<b>SSS/GSIS NUMBER</b>																									
				<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																									
<b>*SEX</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>PROMINENT DISTINGUISHING FACIAL FEATURES</b> <i>(Ex. Moles, Scars, etc.)</i>		<b>EMPLOYEE NUMBER</b>																								
<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ (cm)	_____ (kg)			<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																								
<b>COMMON REFERENCE NUMBER (CRN)</b> <i>(If Available)</i>		<b>FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT</b> <i>(If payment of MS is not thru payroll deduction)</i>		<b>For AFP/PNP Employee, Serial/Badge No.</b>																									
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																	
				<b>For DepEd Employee, Division Code-Station Code</b>																									
				<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																									
<b>ADDRESS AND CONTACT DETAILS</b>																													
<b>*PERMANENT HOME ADDRESS</b>				<i>(Indicate country code if abroad)</i>																									
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision																								
Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>		ZIP Code																									
<b>*PRESENT HOME ADDRESS</b>				<b>COUNTRY + AREA CODE</b>																									
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision																								
Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>		ZIP Code																									
<b>*PREFERRED MAILING ADDRESS</b>				<b>TELEPHONE NUMBER</b>																									
<input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address				Home																									
				Cell Phone																									
				Business (Direct Line)																									
				Business (Trunk Line)      Local																									
				Email Address																									

**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			= _____ <i>Total Mo. Income</i> _____		
Municipality/City      Province      *State/Country (If abroad)      ZIP Code			*TYPE OF WORK (For OFWs only) <input type="checkbox"/> Land-based (Pls. specify country of assignment) _____ <input type="checkbox"/> Sea-based (Pls. specify manning agency) _____		
*OCCUPATION			*DATE EMPLOYED (Month, Year)		
*EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Project-based					

**PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund 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 y	TO [ ][ ] [ ][ ] [ ][ ][ ][ ][ ][ ][ ][ ][ ] m m    y 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 y	TO [ ][ ] [ ][ ] [ ][ ][ ][ ][ ][ ][ ][ ][ ] m m    y 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 y	TO [ ][ ] [ ][ ] [ ][ ][ ][ ][ ][ ][ ][ ][ ] m m    y y y y y y

**HEIRS** (In case of death, Fund benefits shall be divided among the member's 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 y y
				<input type="checkbox"/>		[ ][ ] [ ][ ] [ ][ ][ ][ ][ ][ ][ ][ ][ ] m m    d d    y y y y y y
				<input type="checkbox"/>		[ ][ ] [ ][ ] [ ][ ][ ][ ][ ][ ][ ][ ][ ] m m    d d    y y y y y y
				<input type="checkbox"/>		[ ][ ] [ ][ ] [ ][ ][ ][ ][ ][ ][ ][ ][ ] m m    d d    y y y y y y

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**

RECEIVED BY


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.

# GUIDE IN ACCOMPLISHING MEMBER'S DATA FORM (MDF)

HQP-PFF-039

FOR Pag-IBIG Fund USE ONLY



## MEMBER'S DATA FORM (MDF)

1 Pag-IBIG MID NUMBER  
2 REGISTRATION TRACKING NUMBER

3 INSTRUCTIONS

1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on one single sheet of paper.  
2. Type or print all entries in BLOCK or CAPITAL LETTERS.  
3. All fields which are marked with asterisk (\*) are mandatory.  
4. On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".  
5. The "NAME EXTENSION" shall refer to Jr., II, III and the like.  
6. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.

7. On the "OCCUPATION" portion, indicate occupation based on the List of Occupation, as provided in the Philippine Standard Occupational Classification (PSOC).  
8. On the "HEIRS" portion, the provision on the Laws on Succession, as provided in the New Civil Code of the Philippines, as amended by the New Family Code, shall be observed.  
9. For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to the concerned Pag-IBIG Branch.

*OCCUPATIONAL STATUS (4) <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED																															
MANDATORY <input type="checkbox"/> EMPLOYED PRIVATE <input type="checkbox"/> EMPLOYED GOVERNMENT <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW) <input type="checkbox"/> SELF-EMPLOYED (SE)																															
VOLUNTARY <input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT <input type="checkbox"/> INDIVIDUAL PAYOR (IP) <input type="checkbox"/> PENSIONER/INVESTOR/LESSOR <input type="checkbox"/> OTHERS																															
<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP <input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION <input type="checkbox"/> OTHERS																															
*MEMBERSHIP CATEGORY (5)																															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>LAST NAME</th> <th>FIRST NAME</th> <th>NAME EXTENSION (e.g. Jr., II)</th> <th>MIDDLE NAME</th> <th>NO MIDDLE NAME (check if applicable only)</th> </tr> </thead> <tbody> <tr> <td>*MEMBER (6)</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>FATHER (7)</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>*MOTHER (Maiden Name) (8)</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>*SPOUSE (if Married) (9)</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE (10)</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)	*MEMBER (6)				<input type="checkbox"/>	FATHER (7)				<input type="checkbox"/>	*MOTHER (Maiden Name) (8)				<input type="checkbox"/>	*SPOUSE (if Married) (9)				<input type="checkbox"/>	MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE (10)				<input type="checkbox"/>
LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)																											
*MEMBER (6)				<input type="checkbox"/>																											
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*SPOUSE (if Married) (9)				<input type="checkbox"/>																											
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE (10)				<input type="checkbox"/>																											
*DATE OF BIRTH (11)	*MARRITAL STATUS (17) <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated *CITIZENSHIP (18) <input type="checkbox"/> Filipino <input type="checkbox"/> Alien <input type="checkbox"/> Naturalized Citizen *SEX (13) <input type="checkbox"/> Male <input type="checkbox"/> Female HEIGHT (14) (cm) <input type="text"/> WEIGHT (15) (kg) <input type="text"/> PROMINENT DISTINGUISHING FACIAL FEATURES (19) (Ex. Moles, Scars, etc.) <input type="text"/> COMMON REFERENCE NUMBER (CRN) (if Available) (16) <input type="text"/> FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (20) (ment of MS is not thru payroll deduction) <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually *PERMANENT HOME ADDRESS (24) <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address *PRESENT HOME ADDRESS (25) <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address *PREFERRED MAILING ADDRESS (26) <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address																														
ADDRESS AND CONTACT DETAILS																															
*PERMANENT HOME ADDRESS (24)	*COUNTRY (27) (state country code if abroad) <input type="text"/> *AREA CODE <input type="text"/> *TELEPHONE NUMBER <input type="text"/> Home <input type="text"/> Cell Phone <input type="text"/> Business (Direct Line) <input type="text"/> Business (Trunk Line) <input type="text"/> Local <input type="text"/> Email Address <input type="text"/>																														

THIS FORM MAY BE REPRODUCED. NOT FOR SALE. (Rev. 03.1.01/2015)

FRONT

PRESENT EMPLOYMENT DETAILS (if with more than one (1) employer, use separate sheet and follow format below)						
*EMPLOYER/BUSINESS NAME (28)	MONTHLY INCOME (32) Basic _____ Allowances/Others _____ Total Mo. Income _____					
*EMPLOYER/BUSINESS ADDRESS (29) Unit/Room No., Floor, Building Name, Lot No., Block No., Phase No., House No.	*TYPE OF WORK (For OFWs only) (33) <input type="checkbox"/> Land-based (Pls. specify country of assignment) <input type="checkbox"/> Sea-based (Pls. specify maritime agency)					
Street Name, Subdivision, Barangay	OFFICE ASSIGNMENT (34) <input type="checkbox"/> Head Office <input type="checkbox"/> Branch					
Municipality/City, Province, *State/Country (if abroad), ZIP Code	*DATE EMPLOYED (Month, Year) (35)					
*OCCUPATION (30)	*EMPLOYMENT STATUS (31) <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Project-based					
PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP (36) (other sheet if necessary)						
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch					
EMPLOYER/BUSINESS ADDRESS	FROM <input type="text"/> TO <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 <input type="text"/> TO <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 <input type="text"/> TO <input type="text"/> m m y y y y m m y y y y					
HEIRS (37) (if death, Fund benefits shall be divided among the member's 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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		m m d d y y y y
<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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		m m d d y y y y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		m m d d y y y y
(38) I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.						
SIGNATURE OF MEMBER _____ DATE _____						
RECEIVED BY _____ 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.						

BACK

Submit the MDF in one (1) copy and observe the following:

- 1 **Pag-IBIG Membership ID (MID) Number** – a unique 12-digit number series assigned to a registered member. To be accomplished by Pag-IBIG Fund.
- 2 **Registration Tracking Number (RTN)** – refers to system-generated number issued after completion of online registration.
- 3 **Instructions** – refers to quick guide in accomplishing the MDF.
- 4 **Occupational Status** – check the appropriate box to indicate working status of a person either employed or unemployed/not yet employed.
- 5 **Membership Category** – check the appropriate box to indicate type of membership coverage as defined under R.A. 9679.

### ▪ Mandatory Coverage

- a. **Employed Private** – any person in service of a private employer and who receives compensation for such services rendered, may or may not be registered yet with the Social Security System (SSS); will also include the following:
  - Expatriates who are not more than sixty (60) years old and are compulsorily-covered by the SSS. An expatriate is a citizen of another country who is living and working in the Philippines.
  - Employees of foreign-based employers with an administrative agreement with the Fund
- b. **Employed Government** – any person in service of any of the government offices that are coverable by the GSIS; will also include the following:
  - Uniformed personnel of the Armed Forces of the Philippines, Philippine National Police, Bureau of Fire Protection, Bureau of Jail Management and Penology

- Members of the Judiciary and Constitutional Commissions

- c. **Overseas Filipino Worker (OFW)** – any person working for a foreign-based employer, whether deployed or for deployment abroad, or a combination of local and overseas deployment, whether based on land or at sea.
- d. **Self-employed** – any person not over sixty (60) years old, who is practicing his/her profession, or engaged in any trade, business or occupation, with a monthly average income/earnings of at least P1,000 and is not under an employer-employee relationship, may include the following:
  - Self-employed professionals
  - Business partners, sole proprietors, board directors
  - Actors, actresses, directors, scriptwriters, news reporters;
  - Other freelance workers;
  - Professional athletes, coaches, trainers, and jockeys;
  - Farmers, fisherfolks, and other agricultural workers;
  - Workers in the informal sector

▪ **Voluntary Coverage**

**Employed** – refers to any employed individual whose employer is not mandatorily-covered by the Fund.

- a. **Employed Foreign Government** – refers to employee of foreign government (embassies/consulates) or international organizations without an administrative agreement with the Fund.
- b. **Barangay Official/Employee** – refers to any person in authority in their jurisdictions, or who may be designated by law or ordinance and charged with the maintenance of public order, protection and security of life and property, or the maintenance of a desirable and balanced environment, or who comes to the aid of persons in authority.

**Individual Payor (IP)** – an individual who may not be working but has a source of income in any form and would like to register for membership with and directly remit his/her contributions to the Fund.

- a. **Non-Working Spouse** – refers to spouse who devote full time to managing the household and family affairs.
- b. **Member of Religious Group** – refers to individual/head or leader of any organization in the exercise of religious belief.

- c. **Pensioner** – any person receiving old-age or permanent total disability pension or any person who has received the lump sum excluding one receiving survivorship pension benefits; or  
**Investor** – the owner of investor securities or investor share where investor securities or shares mean shares of stock issued by a Real Estate Investment Trust (REIT) or derivatives thereof; or  
**Lessor** – shall include the owner or administrator or agent of the owner of the residential unit.
- d. **Member of Cooperative** – a member of an autonomous and duly registered association of persons, with a common bond of interest, who have voluntarily joined together to achieve their social, economic, and cultural needs and aspirations by making equitable contributions to the capital required, patronizing their products and services and accepting a fair share of the risks and benefits of the undertaking in accordance with the universally accepted cooperative principles; or  
**Member of Trade Union** – a member of an organization whose membership consists of workers and union leaders, united to protect and promote their common interest.
- e. **Others** – refers to other individuals who may be unemployed but with capacity to remit membership savings.

- 6 **Member's Name** – this portion shall be accomplished in the following order:
  - Last Name – refers to the family name or surname.
  - First Name – refers to the given name.
  - Name Extension – refers to Jr., II, III and the like.
  - Middle Name – refers to registrant's mother's maiden last name or for married women, refers to father's last name.
  - No Middle Name – this portion shall be checked if you're not using a middle name, applicable to Chinese and the like who do not use a middle name.

- 7 **Father's Name**
  - 8 **Mother's Name (Maiden Name)**
  - 9 **Spouse' Name**
  - 10 **Member's Name as Appearing in the Birth Certificate** – indicate Member's name based on Birth Certificate.
- } Please refer to item no. 3 in accomplishing Last Name, First Name, Name Extension and Middle Name

- 11 **Date of Birth** – indicate date of birth in the following format: mm/dd/yyyy  
*Example: If born on January 14, 1980, please write 01 14 1980.*
- 12 **Place of Birth** – indicate the City/Municipality/Province/Country where the registrant was born. Specify only the country if born outside the Philippines.
- 13 **Sex** – check the appropriate box.
- 14 **Height** – indicate height in centimeters (cm).  
Conversion: 1 foot = 30.48 cm  
1 inch = 2.54 cm  
*Example: 5'3" = 160.02 cm*
- 15 **Weight** – indicate weight in kilograms (kg).  
Conversion: 1 pound (lb) = 0.4536 kilogram  
*Example: 120 lbs = 54.43 kg*
- 16 **Common Reference Number (CRN)** – indicate if available.
- 17 **Marital Status** – check the appropriate box.
- 18 **Citizenship** – indicate your nationality.
- 19 **Prominent Distinguishing Facial Features** – indicate your distinguishing features that can be found on the face such as “mole under the right eye” or “mole or birth mark on the left cheek/forehead”.
- 20 **Frequency of Membership Savings (MS) Payment** – check appropriate box if payment of MS is not thru payroll deduction.
- 21 **Taxpayer Identification Number (TIN)** – indicate your 9-digit TIN issued by the Bureau of Internal Revenue (BIR).
- 22 **SSS/GSIS Number** – for private employees, indicate your 10-digit Social Security Number, and for government employees, indicate your 11-digit Business Partner Number.
- 23 **Employee Number** – refers to your company ID number.
  - For AFP/PNP Employee, indicate Serial/Badge No.
  - For DepEd Employee, aside from Employee Number, indicate Division Code-Station Code
- 24 **Permanent Home Address** – indicate your permanent residence.
- 25 **Present Home Address** – indicate your address where the registrant currently reside, and the state/country only if present address is outside the Philippines.
- 26 **Preferred Mailing Address** – check the appropriate box to indicate your chosen address to receive mail.
- 27 **Contact Numbers** – indicate the country and area code only if outside Metro Manila or based abroad.
- 28 **Employer/Business Name** – indicate complete Employer/Business Name appearing in the registration certificate.
- 29 **Employer/Business Address** – indicate complete Employer/Business Address appearing in the registration certificate.
- 30 **Occupation** – indicate your occupation based on the list of occupation, as provided in the Philippine Standard Occupational Classification (PSOC).
- 31 **Employment Status** – check the appropriate box.
- 32 **Monthly Income** – indicate your income or earning per month.
- 33 **Type of Work** – check the appropriate box (applicable for OFW only).
- 34 **Office Assignment** – check the appropriate box to indicate whether assigned to Head Office or a particular Branch.
- 35 **Date Employed** – indicate inclusive date of employment under current employer.
- 36 **Previous Employment From Date of Pag-IBIG Membership** – indicate details of your previous employment.
- 37 **Heirs** – indicate your legal heir/s in accordance with the Laws of Succession, as provided in the New Civil Code of the Philippines, as amended by the New Family Code.
- 38 **Certification** – affix your signature and indicate the date when the MDF was accomplished.
- 39 **Acknowledgement** – to be accomplished by Pag-IBIG Fund.