



# MEMBER'S DATA FORM (MDF)

REGISTRATION TRACKING NO. \_\_\_\_\_

FOR HDMF USE ONLY											
Pag-IBIG MID No.											

### INSTRUCTIONS

- Submit this form in two (2) copies.
- Type or print all entries in BLOCK or CAPITAL LETTERS.
- The "NAME EXTENSION" shall refer to JR., II, III and the like.
- Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate
- Accomplish only the "PERMANENT HOME ADDRESS" if it is different with the "PRESENT HOME ADDRESS".
- On the "BENEFICIARIES" portion, the provision on the Intestate Succession, as provided in the New Family Code shall be observed.
  - SINGLE - Mother, Father, Brother and/or Sister
  - MARRIED - Spouse, Son, Daughter, Mother and Father
- Upon submission of this form, present at least one (1) valid ID.
- 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				OTHER PROGRAMS (VOLUNTARY)																															
<input type="radio"/> <b>MANDATORY</b> <input type="checkbox"/> EMPLOYED PRIVATE <input type="checkbox"/> EMPLOYED GOVERNMENT <input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD		<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW) <input type="checkbox"/> SELF-EMPLOYED		<input type="radio"/> <b>VOLUNTARY</b> <input type="checkbox"/> EMPLOYED <input type="checkbox"/> INDIVIDUAL PAYOR		<input type="checkbox"/> <b>MODIFIED Pag-IBIG II</b> (Cir. 276 dtd. 2/3/10) <input type="checkbox"/> <b>Pag-IBIG II</b> (Cir. 72 dtd. 10/23/89) <input type="checkbox"/> <b>POP</b> (Cir. 98 dtd. 10/2/91) <input type="checkbox"/> <b>POP</b> (Cir. 98-C dtd. 1/28/04)																													
		LAST NAME	FIRST NAME	NAME EXTENSION <small>(e.g. Jr., II)</small>	MIDDLE NAME	NO MIDDLE NAME <small>(check if applicable only)</small>																													
<b>MEMBER</b>						<input type="checkbox"/>																													
<b>FATHER</b>						<input type="checkbox"/>																													
<b>MOTHER</b> <small>(Maiden Name)</small>						<input type="checkbox"/>																													
<b>SPOUSE</b> <small>(If Married)</small>						<input type="checkbox"/>																													
<b>MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE</b>						<input type="checkbox"/>																													
<b>DATE OF BIRTH</b>			<b>CIVIL STATUS</b>			<b>TAXPAYERS 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 <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> <small>(City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)</small>			<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>GENDER</b>		<b>HEIGHT</b>	<b>WEIGHT</b>	<b>PROMINENT DISTINGUISHING FACIAL FEATURES</b> <small>(Ex. Moles, Scars, etc.)</small>																															
<input type="checkbox"/> Male <input type="checkbox"/> Female		_____ (m)	_____ (kg)																																
<b>COMMON REFERENCE NUMBER (CRN)/UNIFIED MULTI-PURPOSE ID NO. (If Available)</b>						<b>EMPLOYEE NUMBER</b>																													
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>														<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> For AFP/PNP Employee, Serial/Badge No. <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> For DECS Employee, Division Code-Station Code <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
PRESENT HOME ADDRESS						CONTACT DETAILS																													
Unit/Room No., Floor			Building Name			<small>(Indicate country code if abroad)</small>																													
						<b>COUNTRY + AREA CODE TELEPHONE NUMBER</b>																													
Lot No.			Block No.	Phase No.	House No.	Street Name	Home																												
						<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																													
Subdivision			Barangay			Cell Phone																													
						<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																													
Municipality/City			Province		ZIP Code	Business (Direct Line)	Business (Trunk Line)																												
						<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>							Local																						
State/Country <small>(if abroad)</small>						Email Address																													
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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			
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>					

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

**PRESENT EMPLOYMENT DETAILS**

<b>EMPLOYER/BUSINESS NAME</b>	<b>EMPLOYMENT STATUS</b> <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Casual <input type="checkbox"/> Project-based <input type="checkbox"/> Part-time/Temporary
<b>EMPLOYER/BUSINESS ADDRESS</b>	
Unit/Room No., Floor    Building Name	<b>OFFICE ASSIGNMENT</b> <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
Lot No.    Block No.    Phase No.    House No.    Street Name	<b>MONTHLY INCOME</b> <i>Basic</i> _____ + <i>Allowances/Others</i> _____ = <i>Total Mo. Income</i> _____
Subdivision/Barangay    Municipality/City    ZIP Code <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
Province    State/Country (if abroad)	<b>TYPE OF WORK (For OFWs only)</b> <input type="checkbox"/> Land-based <input type="checkbox"/> Sea-based

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

**PREVIOUS EMPLOYMENT FROM DATE OF HDMF MEMBERSHIP** (Use another sheet if necessary)

<b>EMPLOYER/BUSINESS NAME</b>	<b>OFFICE ASSIGNMENT</b> <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
<b>EMPLOYER/BUSINESS ADDRESS</b>	
	<b>FROM</b> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <small>m m y y y y</small>
	<b>TO</b> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <small>m m y y y y</small>
<b>EMPLOYER/BUSINESS NAME</b>	<b>OFFICE ASSIGNMENT</b> <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
<b>EMPLOYER/BUSINESS ADDRESS</b>	
	<b>FROM</b> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <small>m m y y y y</small>
	<b>TO</b> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <small>m m y y y y</small>

**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 <small>(Check only if applicable)</small>	RELATIONSHIP	DATE OF BIRTH
				<input type="checkbox"/>		<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <small>m m d d y y y y</small>
				<input type="checkbox"/>		<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <small>m m d d y y y y</small>
				<input type="checkbox"/>		<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <small>m m d d y y y y</small>

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

<b>SIGNATURE OF MEMBER</b>	<b>DATE</b>

<b>SPECIMEN SIGNATURES</b>	<b>INITIALS</b>