



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"/> MANDATORY <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"/> VOLUNTARY <input type="checkbox"/> EMPLOYED <input type="checkbox"/> INDIVIDUAL PAYOR		<input type="checkbox"/> MODIFIED Pag-IBIG II (Cir. 276 dtd. 2/3/10) <input type="checkbox"/> Pag-IBIG II (Cir. 72 dtd. 10/23/89) <input type="checkbox"/> POP (Cir. 98 dtd. 10/2/91) <input type="checkbox"/> POP (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>																													
MEMBER						<input type="checkbox"/>																													
FATHER						<input type="checkbox"/>																													
MOTHER <small>(Maiden Name)</small>						<input type="checkbox"/>																													
SPOUSE <small>(If Married)</small>						<input type="checkbox"/>																													
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE						<input type="checkbox"/>																													
DATE OF BIRTH			CIVIL STATUS			TAXPAYERS IDENTIFICATION NUMBER (TIN)																													
<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																												
PLACE OF BIRTH <small>(City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)</small>			CITIZENSHIP			SSS/GSIS NUMBER																													
						<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																													
GENDER		HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES <small>(Ex. Moles, Scars, etc.)</small>																															
<input type="checkbox"/> Male <input type="checkbox"/> Female		_____ (m)	_____ (kg)																																
COMMON REFERENCE NUMBER (CRN)/UNIFIED MULTI-PURPOSE ID NO. (If Available)						EMPLOYEE NUMBER																													
<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>																													
						COUNTRY + AREA CODE TELEPHONE NUMBER																													
Lot No. Block No. Phase No. House No.			Street Name			Home																													
						Cell Phone																													
Subdivision			Barangay			Business (Direct Line)																													
						Business (Trunk Line) Local																													
Municipality/City			Province		ZIP Code																														
						Email Address																													
State/Country <small>(if abroad)</small>																																			

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 <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		

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

PRESENT EMPLOYMENT DETAILS

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

EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS	FROM <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <small>m m y y y y</small>	TO <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <small>m m y y y y</small>
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS	FROM <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <small>m m y y y y</small>	TO <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <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"/>		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <small>m m d d y y y y</small>
				<input type="checkbox"/>		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <small>m m d d y y y y</small>
				<input type="checkbox"/>		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <small>m m d d y y y y</small>

<p>I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="border: 1px solid black; width: 250px; height: 30px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px;"></div> </div> <p style="text-align: center; margin-top: 5px;"> SIGNATURE OF MEMBER DATE </p>	<p>SPECIMEN SIGNATURES</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>INITIALS</p> <p>_____</p> <p>_____</p> <p>_____</p>
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