



MEMBER'S CHANGE OF INFORMATION FORM (MCIF)

NOTE: PLEASE READ INSTRUCTIONS BELOW BEFORE ACCOMPLISHING THIS FORM. PLEASE WRITE LEGIBLY.

Check appropriate box only

- | | |
|---|---|
| <input type="checkbox"/> 1. CORRECTION OF NAME | <input type="checkbox"/> 4. NEW/ADDITIONAL BENEFICIARIES |
| <input type="checkbox"/> 2. CORRECTION OF DATE OF BIRTH | <input type="checkbox"/> 5. DELETION OF BENEFICIARIES |
| <input type="checkbox"/> 3. CHANGE OF CIVIL STATUS | <input type="checkbox"/> 6. CHANGE OF ADDRESS/CONTACT DETAILS |
| | <input type="checkbox"/> 7. CHANGE OF EMPLOYER/BUSINESS NAME |

Pag-IBIG MID Number

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LAST NAME	FIRST NAME	NAME EXTENSION (e.g., jr., II, etc.)	MIDDLE NAME	NO MIDDLE NAME (Check if applicable only) <input type="checkbox"/>
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1. CORRECTION OF NAME

FROM	TO
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2. CORRECTION OF DATE OF BIRTH

FROM	TO
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3. CHANGE OF CIVIL STATUS

<input type="checkbox"/> Due to marriage FROM	<input type="checkbox"/> Other Reason TO
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4. NEW/ADDITIONAL BENEFICIARIES (Please use separate sheet, if necessary)

LAST NAME	FIRST NAME	NAME EXT. (e.g., jr., II, etc.)	MIDDLE NAME	NO MIDDLE NAME (Check if applicable only) <input type="checkbox"/>	DATE OF BIRTH	RELATIONSHIP
				<input type="checkbox"/>		
				<input type="checkbox"/>		

5. DELETION OF BENEFICIARIES (Please use separate sheet, if necessary)

LAST NAME	FIRST NAME	NAME EXT. (e.g., jr., II, etc.)	MIDDLE NAME	NO MIDDLE NAME (Check if applicable only) <input type="checkbox"/>	DATE OF BIRTH	RELATIONSHIP
				<input type="checkbox"/>		
				<input type="checkbox"/>		

6. CHANGE OF ADDRESS/CONTACT DETAILS

PRESENT ADDRESS				CONTACT DETAILS	
House/Bldg/Unit/Floor/Room No.	Lot No.	Block No.	Phase No.	COUNTRY+AREA CODE+TELEPHONE NUMBER	
Building/Street				Home <input type="text"/>	
				Cellphone <input type="text"/>	
Subdivision/Barangay				Business (Direct Line) <input type="text"/>	
				Business (Trunk line) <input type="text"/>	
Municipality/City Province Zip Code				Email Address <input type="text"/>	

7. CHANGE OF EMPLOYER/BUSINESS NAME

Employer/Business Name (For employed members)	EMPLOYER CATEGORY <input type="checkbox"/> Private <input type="checkbox"/> Government
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Employer/Business Address	Lot No.	Block No.	Phase No.	Subdivision/Barangay	Municipality/City/Province	Zip Code
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CERTIFICATION

I hereby certify that the information given and all statement made herein are true and correct. _____ Signature of Member	I hereby certify that the information given and all statement made herein are true and correct. _____ Employer Authorized Signatory (Signature over printed Name) _____ Designation
_____ Date	_____ Date

FOR Pag-IBIG USE ONLY

RECEIVED AND PROCESSED BY	DATE	APPROVED BY	DATE
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INSTRUCTIONS

- The Member's Change of Information Form (MCIF) shall be accomplished in two (2) copies.
 - Accomplish the applicable portions to be changed only.
 - Type or print all entries in BLOCK/CAPITAL LETTERS.
 - This form shall be submitted to any of the following: (a) Thru Employer, if employed (b) Pag-IBIG NCR/Regional branch maintaining your record.
- REQUIREMENTS:**
- For change in name and/or civil status because of marriage, submit photocopy of Marriage Contract with registry number.
 - For change in name (for reason other than marriage), submit a certified true copy of "Court Order" or Birth Certificate.
 - For correction of date of birth, submit certified true copy of birth certificate issued by National Statistics Office (NSO).