MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY
Pag-IBIG MID NO.
REGISTRATION TRACKING NO.

INSTRUCTIONS

1. Accomplish this form in one (1) copy only. The form should be printed back-to-back on a single sheet of paper.
2. Present the following requirements:
   - National ID card or one (1) valid ID acceptable to the Fund.
   - Proof of Income except for not yet employed individuals or first time jobseekers.
3. Type or print all entries in BLOCK or CAPITAL LETTERS.
4. All fields marked with asterisk (*) are mandatory.
5. On the "OCCUPATIONAL STATUS" portion, if not employed or purpose is pre-employment, select "UNEMPLOYED/NOT YET EMPLOYED". For first time jobseekers, select also the "CHECK THIS BOX IF FIRST TIME JOBSEEKERS".
6. The "NAME EXTENSION" shall refer to JR., II, III and the like
7. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
8. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
9. On the "HEIRS" portion, the provision on the Laws on Succession, under the New Civil Code, shall be observed.
10. If registered as foundling, the following shall be observed:
    - The name of Finder shall be indicated under the "MOTHER" or "FATHER" portion, as applicable.
    - In case the "DATE OF BIRTH" is not available, the information under "Date When Found" shall be indicated.
    - If the "PLACE OF BIRTH" is not available, the information under "Place Where Found" shall be indicated.
11. For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049), and submit to any Pag-IBIG Branch nearest you.

***OCCUPATIONAL STATUS** ☐ EMPLOYED ☐ UNEMPLOYED/NOT YET EMPLOYED ☐ CHECK THIS BOX IF FIRST TIME JOBSEEKERS

*MEMBERSHIP CATEGORY

MANDATORY		VOLUNTARY	
☐ EMPLOYED ☐ PRIVATE ☐ GOVERNMENT ☐ PRIVATE HOUSEHOLD ☐ OVERSEAS FILIPINO WORKER (OFW)	☐ SELF-EMPLOYED ☐ PROFESSIONAL/BUSINESS OWNER ☐ JOB ORDER PERSONNEL ☐ OTHER EARNING GROUP (OEGs) Please specify: _____ ☐ OTHERS, *please specify:* _____	☐ EMPLOYED ☐ EMPLOYEE OF FOREIGN GOVERNMENT ☐ BARANGAY OFFICIAL/EMPLOYEE ☐ OTHERS, *please specify:* _____	☐ INDIVIDUAL PAYOR ☐ MEMBER OF COOPERATIVE ☐ MEMBER OF TRADE UNION ☐ NON-WORKING SPOUSE ☐ MEMBER OF RELIGIOUS GROUP ☐ OVERSEAS FILIPINO IMMIGRANT ☐ PENSIONER/INVESTOR/LESSOR

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION *(e.g., Jr., II)*	MIDDLE NAME	NO MIDDLE NAME *(Check if applicable only)*
*MEMBER					☐
FATHER					☐
*MOTHER'S MAIDEN NAME (AS IT APPEARS ON THE BIRTH CERTIFICATE)					☐
*SPOUSE *(For women, indicate Maiden name)*					☐
MEMBER'S NAME (AS IT APPEARS ON THE BIRTH CERTIFICATE)					☐

*DATE OF BIRTH (m m d d y y y y)

*MARITAL STATUS
☐ Single ☐ Legally Separated ☐ Divorced
☐ Married ☐ Annulled/Nullified ☐ Widowed

NATIONAL ID CARD NUMBER
_____

TAXPAYER IDENTIFICATION NUMBER (TIN)
_____

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

* CITIZENSHIP

SSS/GSIS NUMBER

*SEX
☐ Male
☐ Female

HEIGHT _____ (cm)

WEIGHT _____ (kg)

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

EMPLOYEE NUMBER

For AFP/PNP Employee, Serial/Badge No.

COMMON REFERENCE NUMBER (CRN)
(If Available)

FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT *(If payment of MS is not thru payroll deduction)*
☐ Monthly ☐ Quarterly

For DepEd Employee, Division Code-Station Code

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS
Unit/Room No., Floor Name | Building Name | Lot No., Block No., Phase No. | House No. | Street
Subdivision | Barangay | Municipality/City | Province/State/Country *(if abroad)* | ZIP Code

*PRESENT HOME ADDRESS
Unit/Room No., Floor Name | Building Name | Lot No., Block No., Phase No. | House No. | Street
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* :

**Email Address* : _____

Viber : _____

Facebook Messenger : _____

WhatsApp : _____

Telegram : _____

WeChat : _____

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

*EMPLOYMENT DETAILS

☐ FIRST EMPLOYMENT ☐ WITH PREVIOUS EMPLOYMENT

PRESENT EMPLOYMENT *(Mandatory for both first-time employed registrants and previously employed registrants)*

*OCCUPATION	*EMPLOYMENT STATUS	TYPE OF WORK *(For OFW only)* *(Pls. specify country of assignment)*
	☐ Permanent/Regular ☐ Contractual ☐ Part-time/ ☐ Casual ☐ Project-based Temporary	☐ Land-based _____ ☐ Sea-based _____

*EMPLOYER/BUSINESS NAME	* MONTHLY COMPENSATION *Basic* _____
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor No. Building Name Lot No., Block No., Phase No. House	+ *Allowances/Others* _____ = *Total Mo. Income* _____
Street Name Subdivision Barangay	OFFICE ASSIGNMENT ☐ Head Office ☐ Branch _____
Municipality/City Province/State/Country *(if abroad)* ZIP Code	DATE EMPLOYED *(Month, Year)*

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP *(Mandatory for registrant with previous employment only) (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)

HEIRS *(In case of death, Fund benefits shall be divided among the member's heirs in accordance with the Rules of Succession under the New Civil Code, as amended) (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)
				☐		
				☐		
				☐		

CERTIFICATION

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorized Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend, or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

☐ I allow Pag-IBIG Fund to send me any updates, promotions, marketing, or programs offered by the Fund through my registered cell phone number, email address and/or messaging applications.

_____ SIGNATURE OF INFORMANT _____ DATE

FOR Pag-IBIG FUND USE ONLY

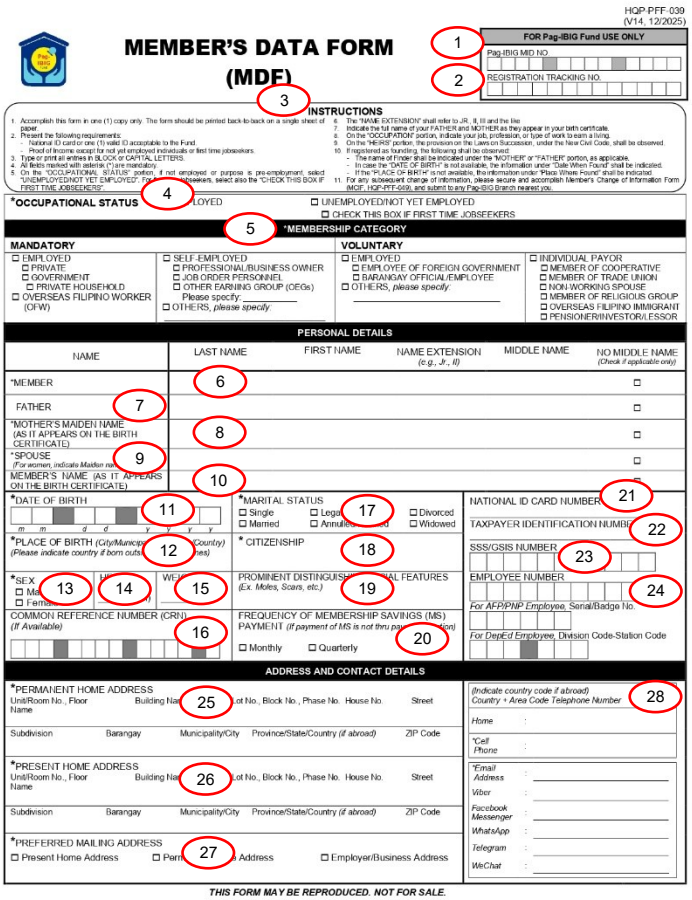
PROCESSED BY			DATE
_____ *Signature over Printed Name*	_____ *Designation/Position*	_____ *Branch/Unit*	

DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.

ANNEX A

GUIDE IN ACCOMPLISHING MEMBER'S DATA FORM (MDF)



HQP-PFF-039 (V14, 12/2025)

MEMBER'S DATA FORM (MDF)

1 FOR Pag-IBIG Fund USE ONLY — Pag-IBIG MID NO.

2 REGISTRATION TRACKING NO.

3 INSTRUCTIONS

1. Accomplish this form in one (1) copy only. The form should be printed back-to-back on a single sheet of paper.
2. Present the following requirements:
   - National ID card or one (1) valid ID acceptable to the Fund
   - Proof of income except for not yet employed individuals or first time jobseekers.
3. Type or print all entries in BLOCK or CAPITAL LETTERS.
4. All fields marked with asterisk (*) are mandatory.
5. On the "OCCUPATIONAL STATUS" portion, if not employed or purpose is pre-employment, select "UNEMPLOYED/NOT YET EMPLOYED". For first time jobseekers, select also the "CHECK THIS BOX IF FIRST TIME JOBSEEKERS".
6. The "NAME EXTENSION" shall refer to JR, II, III and the like
7. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
8. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
9. On the "HEIRS" portion, the provision on the Laws on Succession, under the New Civil Code, shall be observed.
10. If registered as founding, the following shall be observed:
    - The name of Finder shall be indicated under the "MOTHER" or "FATHER" portion, as applicable.
    - In case the "DATE OF BIRTH" is not available, the information under "Date When Found" shall be indicated.
    - If the "PLACE OF BIRTH" is not available, the information under "Place Where Found" shall be indicated.
11. For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049), and submit to any Pag-IBIG Branch nearest you.

4 *OCCUPATIONAL STATUS — ☐ EMPLOYED ☐ UNEMPLOYED/NOT YET EMPLOYED ☐ CHECK THIS BOX IF FIRST TIME JOBSEEKERS

5 *MEMBERSHIP CATEGORY

MANDATORY
- ☐ EMPLOYED
  - ☐ PRIVATE
  - ☐ GOVERNMENT
  - ☐ PRIVATE HOUSEHOLD
- ☐ OVERSEAS FILIPINO WORKER (OFW)
- ☐ SELF-EMPLOYED
  - ☐ PROFESSIONAL/BUSINESS OWNER
  - ☐ JOB ORDER PERSONNEL
  - ☐ OTHER EARNING GROUP (OEGs) Please specify: _____
  - ☐ OTHERS, *please specify:* _____

VOLUNTARY
- ☐ EMPLOYED
  - ☐ EMPLOYEE OF FOREIGN GOVERNMENT
  - ☐ BARANGKAY OFFICIAL/EMPLOYEE
- ☐ OTHERS, *please specify:* _____
- ☐ INDIVIDUAL PAYOR
  - ☐ MEMBER OF COOPERATIVE
  - ☐ MEMBER OF TRADE UNION
  - ☐ NON-WORKING SPOUSE
  - ☐ MEMBER OF RELIGIOUS GROUP
  - ☐ OVERSEAS FILIPINO IMMIGRANT
  - ☐ PENSIONER/INVESTOR/LESSOR

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g., Jr., II)	MIDDLE NAME	NO MIDDLE NAME (Check if applicable only)
*MEMBER	6				☐
FATHER 7					☐
*MOTHER'S MAIDEN NAME (AS IT APPEARS ON THE BIRTH CERTIFICATE) 8					☐
*SPOUSE (For women, indicate Maiden name) 9					☐
MEMBER'S NAME (AS IT APPEARS ON THE BIRTH CERTIFICATE) 10					☐

*DATE OF BIRTH 11 (m m d d y y y y)

*PLACE OF BIRTH (City/Municipality/Province/State/Country) (Please indicate country if born outside the Philippines) 12

*SEX 13 ☐ Male ☐ Female

HEIGHT 14

WEIGHT 15

COMMON REFERENCE NUMBER (CRN) (If Available) 16

*MARITAL STATUS 17 ☐ Single ☐ Legally Separated ☐ Divorced ☐ Married ☐ Annulled ☐ Widowed

*CITIZENSHIP 18

PROMINENT DISTINGUISHING PHYSICAL FEATURES (Ex. Moles, Scars, etc.) 19

FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (If payment of MS is not thru payroll deduction) 20 ☐ Monthly ☐ Quarterly

NATIONAL ID CARD NUMBER 21

TAXPAYER IDENTIFICATION NUMBER 22

SSS/GSIS NUMBER 23

EMPLOYEE NUMBER 24
For AFP/PNP Employee, Serial/Badge No.
For DepEd Employee, Division Code-Station Code

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS 25
Unit/Room No., Floor | Building Name | Lot No., Block No., Phase No. | House No. | Street
Subdivision | Barangay | Municipality/City | Province/State/Country (if abroad) | ZIP Code

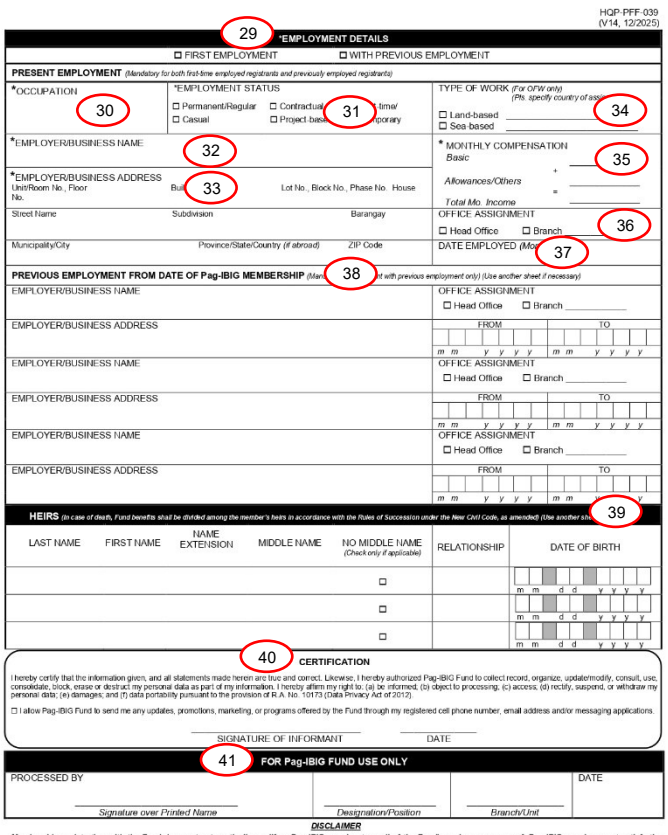
*PRESENT HOME ADDRESS 26
Unit/Room No., Floor | Building Name | Lot No., Block No., Phase No. | House No. | Street
Subdivision | Barangay | Municipality/City | Province/State/Country (if abroad) | ZIP Code

*PREFERRED MAILING ADDRESS 27 ☐ Present Home Address ☐ Permanent Address ☐ Employer/Business Address

28 (Indicate country code if abroad) Country + Area Code Telephone Number
Home :
*Cell Phone :
*Email Address :
Viber :
Facebook Messenger :
WhatsApp :
Telegram :
WeChat :

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

FRONT



HQP-PFF-039 (V14, 12/2025)

29 *EMPLOYMENT DETAILS — ☐ FIRST EMPLOYMENT ☐ WITH PREVIOUS EMPLOYMENT

PRESENT EMPLOYMENT (Mandatory for both first-time employed registrants and previously employed registrants)

*OCCUPATION 30

*EMPLOYMENT STATUS 31 ☐ Permanent/Regular ☐ Contractual/Project-based ☐ Casual ☐ Part-time/Temporary

TYPE OF WORK (For OFW only) (Pls. specify country of assignment) 34 ☐ Land-based ☐ Sea-based

*EMPLOYER/BUSINESS NAME 32

*MONTHLY COMPENSATION 35
Basic
+ Allowances/Others
= Total Mo. Income

*EMPLOYER/BUSINESS ADDRESS 33
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

OFFICE ASSIGNMENT 36 ☐ Head Office ☐ Branch

DATE EMPLOYED (Mo/Yr) 37

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP (Mo/Yr) 38 (Start with previous employment only) (Use another sheet if necessary)

EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	FROM (m m y y y y)	TO (m m y y y y)
EMPLOYER/BUSINESS ADDRESS	☐ Head Office ☐ Branch _____		
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	FROM	TO
EMPLOYER/BUSINESS ADDRESS	☐ Head Office ☐ Branch _____		
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	FROM	TO
EMPLOYER/BUSINESS ADDRESS	☐ Head Office ☐ Branch _____		

HEIRS (In case of death, Fund benefits shall be divided among the member's heirs in accordance with the Rules of Succession under the New Civil Code, as amended) (Use another sheet if necessary) 39

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)
				☐		
				☐		
				☐		

40 CERTIFICATION

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorized Pag-IBIG Fund to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend, or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

☐ I allow Pag-IBIG Fund to send me any updates, promotions, marketing, or programs offered by the Fund through my registered cell phone number, email address and/or messaging applications.

SIGNATURE OF INFORMANT _____ DATE _____

41 FOR Pag-IBIG FUND USE ONLY

PROCESSED BY			DATE
Signature over Printed Name	Designation/Position	Branch/Unit	

DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.

BACK

1. **Pag-IBIG MID No.** - a unique 12-digit number series assigned to a registered member. To be accomplished by Pag-IBIG Fund.

2. **Registration Tracking No. (RTN)** - refers to system-generated number issued after completion of the online registration.

3. **Instructions** - refers to a quick guide in accomplishing the MDF.

4. **Occupational Status** - check the appropriate box to indicate the working status of a person either employed, unemployed or not yet employed (for first time jobseeker).

   Not yet employed individuals or first time jobseekers shall not be required to submit proof of income.

5. **Membership Category** - check the appropriate box to indicate the 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:*
  - *Employees of foreign-based employers with an administrative agreement with the Fund*

  Government *- any person in service of any of the government offices that are coverable by the Government Service Insurance System (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*

Private Household *- any individual rendering domestic services exclusively to a household; may include the following:*

- *Housemaid/Housekeeper*
- *Nanny*
- *Gardener*
- *Cook*
- *Driver*
- *Butler*
- *Guard*
- *Governess*
- *Launderer*

b. ***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.*

c. ***Self-employed (SE)*** *- any person not over sixty (60) years old, who is practicing his/her profession, or engaged in any trade, business or occupation, with monthly average income/earnings of at least P1,000 and is not under an employer-employee relationship.*

Professional/Business Owner *- refers to individual that earns income through conducting profitable operations from a trade or business that he operates directly.*

Job Order Personnel *- refers to hired workers for a piece of work or intermittent job of short duration not exceeding six (6) months and is paid on a daily or hourly basis and has no employee-employer relationship.*

Other Earning Group (OEGs) *- this refers to small scale units engaged in the production of goods and services with the primary objective of generating employment and income to the person concerned in order to earn a living.*

- *Public Utility Transport Driver*
- *Market Vendor*
- *Farmer*
- *Fisher Folk*
- *Others (Other similar self-employed individuals)*

- **Voluntary Coverage**

a. ***Employed***

Employee of Foreign Government *- refers to employee of foreign government (embassies/ consulates) or international organizations without an administrative agreement with the Fund.*

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.*

b. ***Individual Payor***

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.*

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.*

Non-Working Spouse *- refers to a spouse who devotes full time to managing the household and family affairs.*

Member of Religious Group *- refers to individual, head or leader of any organization in the exercise of religious belief.*

Overseas Filipino Immigrant *- refers to a person of Filipino origin who lives out of the Philippines as citizen or as permanent resident of a different country.*

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.*

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 informant is not using a middle name, such as the Chinese.

7 **Father's Name**

8 **Mother's Name Maiden Name (As It Appears on the Birth Certificate**

9 **Spouse' Name**

Please refer to item no. 6 in accomplishing Last Name, First Name, Name Extension, and Middle Name

10 **Member's Name (As It Appears on the Birth Certificate)** - indicate Member's name based on Birth Certificate.

11 **Date of Birth** - indicate date of birth in the following format: mm/dd/yyyy
Example: If born on December 02, 2025, please write 12 02 2025.

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 **National ID Card Number** - indicate the sixteen (16) digit number found on the front of National ID.

22 **Taxpayer Identification Number (TIN)** - indicate your 9-12 digit TIN issued by the Bureau of Internal Revenue (BIR).

23 **SSS/GSIS Number** - for private employees, indicate your 10-digit Social Security Number, and for government employees, indicate your 11-digit Business Partner Number.

24 **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

25 **Permanent Home Address** - indicate the address of your permanent residence.

26 **Present Home Address** - indicate the address where you currently reside, and the state/country only if present address is outside the Philippines.

27 **Preferred Mailing Address** - check the appropriate box to indicate your chosen address to receive mail.

28 **Contact Details** - indicate the home/cell phone number, email address and/or account username, as applicable. For home telephone number, indicate the country and area code only if outside Metro Manila or based abroad.

29 **Employment Details -** check the appropriate box to indicate the employment details either first employment or with previous employment.

30 **Occupation** - indicate your job, profession, or type of work to earn a living.

For Other Earning Group (OEG)/Informal Sector, select from the following:

- Public Utility Transport Driver
- Market Vendor
- Farmer
- Fisher Folk
- Others (Other workers in the informal sector)

31 **Employment Status** - check the appropriate box.

32 **Employer/Business Name** - indicate complete Employer/Business Name appearing in the registration certificate or employment contract (applicable for Formally Employed, OFW and Self-employed Professional/Business Owner).

33 **Employer/Business Address** - indicate complete Employer/Business Address appearing in the registration certificate or employment contract (applicable for Formally Employed, OFW and Self-employed Professional/Business Owner).

34 **Type of Work** - check the appropriate box (applicable for OFW only).

35 **Monthly Compensation** - indicate your income or earning per month.

36 **Office Assignment** - check the appropriate box to indicate whether assigned to Head Office or a particular Branch.

37 **Date Employed** - indicate inclusive date of employment under current employer.

38 **Previous Employment From Date of Pag-IBIG Membership** - indicate details of your previous employment.

39 **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.

40 **Certification** - affix your signature and indicate the date when the MDF was accomplished.

41 **Acknowledgement** - to be accomplished by Pag-IBIG Fund.