



# MEMBER'S DATA FORM

(Pls. read instructions at the back before accomplishing this form)

**LATEST PHOTO**  
(1" x 1")

- NEW MEMBER - An employee/individual who is remitting his first Pag-IBIG contribution as of the date the MDF is being accomplished.
- OLD MEMBER - An employee/individual who is already a registered Pag-IBIG member at the time the MDF is being accomplished.
- TRANSFEREE - A registered Pag-IBIG member who remitted his contribution to another Pag-IBIG NCR Branch/Regional or Extension Office.

FAMILY NAME		FIRST NAME	MIDDLE NAME	MOTHER'S MAIDEN NAME (IF MARRIED)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> LEGALLY SEPARATED	
HOME ADDRESS				HOME TEL. NO.	BIRTHDATE MO   DAY   YEAR	PLACE OF BIRTH	
HDMF ID NO.	EMPLOYEE ID NO.	SSS/GSIS ID NO.	TAX IDENTIFICATION NO. (TIN)	FOR AFP EMP-SERIAL/ACCT. NO. FOR DECS EMP-DIV. CODE/ STATION CODE/EMPLOYEE NO.		Pag-IBIG HOUSING LOAN ID NO.	
COMPANY/EMPLOYER NAME					EMPLOYER CATEGORY <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENT		WITH HOUSING LOAN <input type="checkbox"/> YES <input type="checkbox"/> NO
COMPANY/EMPLOYER ADDRESS						OFFICE TEL. NO.	

*(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)*

NAME OF SPOUSE		NAME OF FATHER	NAME OF MOTHER	
<b>CHILDREN</b>			<b>OTHER BENEFICIARIES</b>	
<small>(IN CASE YOU DO NOT HAVE SPOUSE/CHILD/CHILDREN OR PARENTS, RELATIVES WITHIN SIXTH (6TH) CIVIL DEGREE OF CONSANGUINITY)</small>				
NAME	BIRTHDATE	NAME	RELATIONSHIP	

**EMPLOYMENT HISTORY FROM DATE OF Pag-IBIG MEMBERSHIP** *(Use another sheet if necessary)*

NAME OF EMPLOYER	ADDRESS	MEMBERSHIP CATEGORY	FROM (Mo./Yr.)	TO (Mo./Yr.)

**EMPLOYER CERTIFICATION**

I HEREBY CERTIFY UNDER PAIN OF PERJURY THAT THE EMPLOYEE NAMED HEREIN IS EMPLOYED BY US AND IS A REGISTERED Pag-IBIG MEMBER WITH THE FOLLOWING RECORD:

1. EMPLOYMENT STATUS       PERMANENT       TEMPORARY

2. SALARY

BASIC      \_\_\_\_\_

COLA      \_\_\_\_\_

TOTAL      \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATORY  
*(Signature Over Printed Name)*

\_\_\_\_\_  
DESIGNATION

EMPLOYER SSS ID No./GOVT AGENCY CODE      \_\_\_\_\_

BRANCH CODE      \_\_\_\_\_

**I HEREBY CERTIFY THAT THE ABOVE DATA AND INFORMATION ARE TRUE AND CORRECT.**

SIGNATURE OF MEMBER      DATE

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**APPLICANT'S SPECIMEN SIGNATURE**

SIGNATURES  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INITIALS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LEFT THUMBMARK      RIGHT THUMBMARK

<b>FOR HDMF USE ONLY</b>					
HDMF ID NO.	PFR NO.	PFR DATE	AMOUNT ₱	PERIOD COVERED	VERIFIED BY/DATE

# HOW TO ACCOMPLISH THIS FORM

## FOR THE EMPLOYEE

1. Please type or print all entries. Do not leave any space blank, write "N.A." if the information being requested is not applicable.
2. Accomplish this form in three (3) copies and submit to your Personnel/Accounting Department for signature of your company's authorized signatory.
3. Notify the concerned Pag-IBIG Office for any change of information on the MDF using the following prescribed Pag-IBIG forms:
  - a. Member's Change of Information (M2-2) - For change/correction of name, change of marital status, or change of beneficiaries
  - b. Member's Change of Information (M2-2a) - For change of employer/company
  - c. Member's Change of Information (M2-2b) - For change of address


For more information, you may call or visit the Marketing Division of any Pag-IBIG

## FOR THE EMPLOYER

1. Collect the properly accomplished MDF from your employees.
2. Accomplish the "Employer Certification" portion of this form and to be signed by the Authorized Signatory of the company.
3. Submit the accomplished form to the concerned Pag-IBIG NCR Branch/Regional or Extension Office within ten (10) working days from receipt of this form.

The duplicate copy shall be for the employer and the triplicate copy shall be for the employee-member's file.

For new members, remit the initial contribution together with the Membership



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HDMF M1-2  
 LATEST PHOTO (1" x 1")

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 OLD MEMBER - An employee/individual is already a registered Pag-IBIG member at the time the MDF is being accomplished.  
 TRANSFERREE - A registered Pag-IBIG member who remitted his contribution to another Pag-IBIG NCR Branch/Regional or Extension Office.

FAMILY NAME		MIDDLE NAME	MOTHER'S MAIDEN NAME (IF MARRIED)	SEX	CITY
HOME ADDRESS		MO. DAY YEAR		HOME TEL. NO.	
HDMF ID NO.	EMPLOYEE ID NO.	SSS/GSIS ID NO.	TAX IDENTIFICATION NO. (TIN)	FOR AFP EMP-SERIAL/ACCT NO. FOR DECS EMP-DIV. CODE/STATION CODE/EMPLOYEE NO.	
COMPANY/EMPLOYER			EMPLOYER CATEGORY	WITH HOUSING LOAN	
COMPANY/EMPLOYER ADDRESS			OFFICE TEL. NO.		

**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)

NAME OF SPOUSE		NAME OF CHILDREN		OTHER BENEFICIARIES	
NAME	BIRTHDATE	NAME	RELATIONSHIP	NAME	RELATIONSHIP

**EMPLOYMENT HISTORY FROM DATE OF Pag-IBIG MEMBERSHIP** (Use another sheet if necessary)

NAME OF EMPLOYER	ADDRESS	MEMBERSHIP CATEGORY	FROM (Mo./Yr.)	TO (Mo./Yr.)

**EMPLOYER CERTIFICATION**

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED HEREIN IS EMPLOYED BY US AND IS A REGISTERED Pag-IBIG MEMBER WITH THE FOLLOWING RECORD:

1. EMPLOYMENT STATUS  PERMANENT  TEMPORARY

2. SALARY

BASIC \_\_\_\_\_

COLA \_\_\_\_\_

TOTAL \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATORY  
*(Signature Over Printed Name)*

\_\_\_\_\_  
DESIGNATION

EMPLOYER SSS ID No./GOV'T AGENCY CODE \_\_\_\_\_ BRANCH CODE \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE DATA AND INFORMATION ARE TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE OF MEMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
INITIALS

\_\_\_\_\_  
LEFT THUMBMARK

\_\_\_\_\_  
RIGHT THUMBMARK

**FOR HDMF USE ONLY**

HDMF ID NO.	PFR NO.	PFR DATE	AMOUNT	PERIOD COVERED	VERIFIED BY/DATE
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**THIS FORM MAY BE REPRODUCED. NOT FOR SALE** (Revised 5/2001)

- 1 Put an "X" mark to indicate your Pag-IBIG Membership Classification
- 2 Print your complete name
- 3 This refers to the middle name of a married woman before marriage.

Example: **Before marriage:**

<i>Family Name</i>	<i>First Name</i>	<i>Middle Name</i>
Cruz	Evelyn	David

**After marriage:**

<i>Family Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Maiden Name</i>
Santos	Evelyn	Cruz	David

- 4 Indicate if you are male or female
- 5 Indicate if you are single, married, widowed or legally separated
- 6 Print your complete home address
- 7 Print your home telephone number
- 8 Print your birthdate in numeric format, e.g., April 27, 1976, shall be written as 04-27-76
- 9 Indicate your place of birth
- 10 Indicate your HDMF identification number issued to you by Pag-IBIG Fund
- 11 Indicate your employee's identification number issued to you by your employer
- 12 Indicate your Social Security System (SSS) Identification Number (for private employee) or GSIS Identification Number (for government employee)
- 13 Indicate your Tax Identification Number (TIN) issued by the Bureau of Internal Revenue (BIR)
- 14 For AFP Employee, indicate Serial/Account Number; for DECS Employee, indicate Division Code/Station Code/Employee Number
- 15 Indicate Pag-IBIG Housing Loan Identification Number issued by HDMF (for Pag-IBIG housing loan borrower)
- 16 Print complete name of your Company/Employer
- 17 Put an "X" mark to indicate Employer Category, if **Private** (an employed or self-employed individual in the private sector); **Government** (an employed individual in the government sector)
- 18 Put an "X" mark to indicate if you have an existing or previous Pag-IBIG Housing Loan (for Pag-IBIG housing loan borrower)
- 19 Print the full address of your Company/Employer
- 20 Indicate the office telephone number of your Company/Employer
- 21 Print the name of your legal spouse
- 22 Print the name of your father
- 23 Print the name of your mother
- 24 List full name/s of your children, if any
- 25 Indicate the corresponding birthdate of your children
- 26 In case you do not have principal beneficiaries, list name/s of your other beneficiaries (relative within 6<sup>th</sup> civil degree of consanguinity)
- 27 Indicate the relationship of "other beneficiaries" with you (e.g. brother, sister, etc.)
- 28 List down the complete name of your employer/s (past and present starting 1980/1981) with whom you were registered as Pag-IBIG member
- 29 Indicate address/es of your previous employer/s
- 30 Indicate your membership category as follows: **Employee** – any person in the service of an employer who receives compensation for such service; **Self-Employed** – any person who has no employer and derives income from his own physical or mental effort; **Other Working Groups** – Filipinos or aliens with permanent resident status in the Philippines recruited by a foreign employer or its agent for employment abroad; **Non-resident Filipinos working abroad**
- 31 Indicate the corresponding date start of employment (month and year)
- 32 Indicate the corresponding date end of employment (month and year)
- 33 Affix your signature and date of accomplishment of this form
- 34 Affix your three (3) specimen signatures
- 35 Affix your three (3) signature initials
- 36 Affix your left and right thumbmarks