



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NO.

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REGISTRATION TRACKING NUMBER

## INSTRUCTIONS

1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on a single sheet of paper.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All fields marked with asterisk (\*) are mandatory.
4. 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".
5. The "NAME EXTENSION" shall refer to JR., II, III and the like.
6. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
7. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
8. On the "HEIRS" portion, the provision on the Laws on Succession, under the New Civil Code, shall be observed.
9. 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

- ☐ EMPLOYED (PRIVATE)      ☐ SELF-EMPLOYED  
☐ EMPLOYED (GOVERNMENT)      ☐ PROFESSIONAL/BUSINESS OWNER  
☐ EMPLOYED PRIVATE HOUSEHOLD      ☐ JOB ORDER PERSONNEL  
☐ OVERSEAS FILIPINO      ☐ OTHER EARNING GROUP (OEGs)  
    WORKER (OFW)

## VOLUNTARY

- ☐ EMPLOYED (FOREIGN GOVERNMENT)      ☐ MEMBER OF COOPERATIVE/  
    TRADE UNION  
☐ BARANGAY OFFICIAL/EMPLOYEE  
☐ NON-WORKING SPOUSE      ☐ OVERSEAS FILIPINO IMMIGRANT  
☐ MEMBER OF RELIGIOUS GROUP      ☐ OTHERS, Please specify  
☐ 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 (Maiden Name)

☐

\*SPOUSE (If Married)

☐MEMBER'S NAME AS APPEARING IN  
THE BIRTH CERTIFICATE☐

\*DATE OF BIRTH

m	m	d	d	y	y	y	y												

\*MARITAL STATUS

- ☐ Single/Unmarried      ☐ Widow/er      ☐ Annulled  
☐ Married      ☐ Legally Separated

TAXPAYER IDENTIFICATION NUMBER (TIN)

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

\*CITIZENSHIP

SSS/GSIS NUMBER

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EMPLOYEE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For AFP/PNP Employee, Serial/Badge No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For DepEd Employee, Division Code-Station Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

\*SEX

- ☐ Male  
☐ Female

HEIGHT

\_\_\_\_\_ (cm)

WEIGHT

\_\_\_\_\_ (kg)

PROMINENT DISTINGUISHING FACIAL FEATURES  
(Ex. Moles, Scars, etc.)COMMON REFERENCE NUMBER (CRN)  
(If Available)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

- ☐ Monthly      ☐ Quarterly

## ADDRESS AND CONTACT DETAILS

\*PERMANENT HOME ADDRESS

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

\*PRESENT HOME ADDRESS

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

\*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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Business (Direct Line)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Business (Trunk Line)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Local

Email Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

**PRESENT EMPLOYMENT DETAILS** *(If with more than one (1) employer, use separate sheet and follow format below)*

*OCCUPATION	EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/ <input type="checkbox"/> Casual <input type="checkbox"/> Project-based    Temporary	TYPE OF WORK <i>(For OFW only)</i> <i>(Pls. specify country of assignment)</i> <input type="checkbox"/> Land-based _____ <input type="checkbox"/> Sea-based _____
*EMPLOYER/BUSINESS NAME	MONTHLY INCOME	
*EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor      Building Name      Lot No., Block No., Phase No. House No.	Basic _____	
	+ _____	
	= _____	
Street Name      Subdivision      Barangay	OFFICE ASSIGNMENT	
Municipality/City      Province      State/Country (If abroad)      ZIP Code	<input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
		DATE EMPLOYED <i>(Month, Year)</i>

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

EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	
	<input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS	FROM	TO
	<div> <div></div><div></div><div></div><div></div><div></div><div></div> </div>	<div> <div></div><div></div><div></div><div></div><div></div><div></div> </div>
	m m y y y y	m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	
	<input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS	FROM	TO
	<div> <div></div><div></div><div></div><div></div><div></div><div></div> </div>	<div> <div></div><div></div><div></div><div></div><div></div><div></div> </div>
	m m y y y y	m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	
	<input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS	FROM	TO
	<div> <div></div><div></div><div></div><div></div><div></div><div></div> </div>	<div> <div></div><div></div><div></div><div></div><div></div><div></div> </div>
	m m y y y y	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 <i>(Check only if applicable)</i>	RELATIONSHIP	DATE OF BIRTH
				<input type="checkbox"/>		<div> <div></div><div></div><div></div><div></div><div></div><div></div> </div>
				<input type="checkbox"/>		<div> <div></div><div></div><div></div><div></div><div></div><div></div> </div>
				<input type="checkbox"/>		<div> <div></div><div></div><div></div><div></div><div></div><div></div> </div>
				<input type="checkbox"/>		<div> <div></div><div></div><div></div><div></div><div></div><div></div> </div>

**CERTIFICATION**

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize 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).

\_\_\_\_\_  
SIGNATURE OF INFORMANT\_\_\_\_\_  
DATE**FOR Pag-IBIG FUND USE ONLY**

RECEIVED BY	DATE
_____ <i>Signature over Printed Name      Designation/Position      Branch/Unit</i>	

**DISCLAIMER**

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

## GUIDE IN ACCOMPLISHING MEMBER'S DATA FORM (MDF)

HQP-BIT-638  
(V09, 06/2002)

# MEMBER'S DATA FORM (MDF)

FOR Pay-BIG Fund USE ONLY

Pay/BIG MED NO.

REGISTRATION TRACKING NUMBER

3

INSTRUCTIONS

1. Accomplish this form in one (1) copy only. If registration is first time, the form should be printed back to back on a single sheet of paper.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All fields marked with asterisk (\*) are mandatory.
4. 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 JOBSEKERS".
5. The "NAME EXTENSION" shall refer to JR, II, III and the like.
6. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
7. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
8. On the "HOURS" portion, the provision on the Laws on Succession, under the New Civil Code, shall be observed.
9. For any subsequent change of information, please secure and accomplish Member's Change of Information Form (HQP-BIT-349) and submit to any Pay-BIG Branch nearest you.

<b>*OCCUPATIONAL STATUS</b>		<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED <input type="checkbox"/> CHECK THIS BOX IF FIRST TIME JOBSEKERS	
<b>4</b> <input type="checkbox"/> EMPLOYED <b>5</b> <b>*MEMBERSHIP CATEGORY</b>		<b>VOLUNTARY</b> <input type="checkbox"/> EMPLOYED (FOREIGN GOVERNMENT) <input type="checkbox"/> MEMBER OF COOPERATIVE/ <input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> TRADE UNION <input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> OVERSEAS PLUING IMMIGRANT <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP <input type="checkbox"/> OTHERS, Please specify <input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	
<b>PERSONAL DETAILS</b>			
NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g., Jr., II)
<b>*MEMBER</b>			
FATHER			
<b>*MOTHER</b> ( maiden Name)			
<b>*SPOUSE</b> ( If married)			
<b>*MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE</b>			
DATE OF BIRTH		<input type="checkbox"/> *MARITAL STATUS <input type="checkbox"/> Single/Married <input type="checkbox"/> Annulled <input type="checkbox"/> Nonover <input type="checkbox"/> Legally Separated	TAXPAYER IDENTIFICATION NUMBER (ITIN)
PLACE OF BIRTH (city/province/zip code) (Please indicate country if born outside the Philippines)		CITIZENSHIP	SUSCRIPTION NUMBER
SEX	HEIGHT	PROMINENT PHYSICAL Distinguishing FEATURES (e.g., Marks, Scars)	EMPLOYEE NUMBER
DATE OF BIRTH	WEIGHT	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (if payment of MS is not in regular portion)	For AFP/PAF Employee, Serial/Badge No.
COMMON REFERENCE NUMBER (CRM) (If Available)		Monthly Quarterly	For Dep'd Employee, Division Code-Station Code
<b>ADDRESS AND CONTACT DETAILS</b>			
*PERMANENT HOME ADDRESS		Indicate country code if abroad	
Unit/Floor No., Building No.	Subdivision	Block No., Phase No., House No.	COUNTRY + AREA CODE TELEPHONE NUMBER
*PRESENT HOME ADDRESS		Cell Phone	
Unit/Floor No., Building No.	Subdivision	Block No., Phase No., House No.	Business (Direct Line)
*PREFERRED MAILING ADDRESS		Business (Toll-free Line) Local	
Unit/Floor No., Building No.	Subdivision	Block No., Phase No., House No.	Email Address
Present Home Address <input type="checkbox"/> Present Business Address <input type="checkbox"/>			

THIS FORM MAY BE REPRODUCED, NOT FOR SALE.

<b>PRESENT EMPLOYMENT DETAILS</b> <small>(write how you are (F) employed, not as an elected or elected based below)</small>							
<b>OCCUPATION</b> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 5px auto;">28</div>	<b>EMPLOYMENT STATUS</b> <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Land-based <input type="checkbox"/> Casual <input type="checkbox"/> Part-time/Temporary			<b>TYPE OF WORK</b> <small>(not only one)</small> <input type="checkbox"/> Land-based <input type="checkbox"/> Sea-based <input type="checkbox"/> Other			
<b>EMPLOYER/BUSINESS NAME</b> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 5px auto;">30</div>				<b>MONTHLY INCOME</b> \$_____ Allowances/Other = _____ Total Mo. income = _____			
<b>EMPLOYER/BUSINESS ADDRESS</b> Left/Room No., Floor, Bldg. <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 5px auto;">31</div> Lot/No., Block No., Phase No., House No. Street Name    Subdivision    Garage/y Municipality/City    Province    State/Country (if abroad)    ZIP Code				<b>OFFICE ASSIGNMENT</b> <input type="checkbox"/> Head Office <input type="checkbox"/> Branch <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 5px auto;">34</div> <b>DATE EMPLOYED</b> (F) <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 5px auto;">35</div>			
<b>PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP</b> <small>(how another sheet if necessary)</small>							
<b>EMPLOYER/BUSINESS NAME</b> _____ <b>EMPLOYER/BUSINESS ADDRESS</b> _____ <b>EMPLOYER/BUSINESS NAME</b> _____ <b>EMPLOYER/BUSINESS ADDRESS</b> _____ <b>EMPLOYER/BUSINESS NAME</b> _____ <b>EMPLOYER/BUSINESS ADDRESS</b> _____				<b>OFFICE ASSIGNMENT</b> <input type="checkbox"/> Head Office <input type="checkbox"/> Branch FROM _____ TO _____ m m y y y y m m y y y y <b>OFFICE ASSIGNMENT</b> <input type="checkbox"/> Head Office <input type="checkbox"/> Branch FROM _____ TO _____ m m y y y y m m y y y y <b>OFFICE ASSIGNMENT</b> <input type="checkbox"/> Head Office <input type="checkbox"/> Branch FROM _____ TO _____ m m y y y y m m y y y y			
<b>HEIRS</b> <small>(in case of death, Fund benefits shall be divided among the member's heirs in accordance with the Rules of Succession under the New Child Code, as amended) (use another sheet if necessary)</small>							
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 5px auto;">37</div>						<b>DATE OF BIRTH</b> m m y y y y m m y y y y m m y y y y m m y y y y	
<b>LAST NAME</b> _____ _____ _____	<b>FIRST NAME</b> _____ _____ _____	<b>NAME EXTENSION</b> _____ _____ _____	<b>MIDDLE NAME</b> _____ _____ _____	<b>NO MIDDLE NAME</b> <small>(Check only if applicable)</small> _____ _____ _____	<b>RELATIONSHIP</b> _____ _____ _____	<b>DATE OF BIRTH</b> m m y y y y m m y y y y m m y y y y m m y y y y	

**CERTIFICATION**

I, 

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 certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect record, employment history, credit, civil, consolidate, block, erase or destroy 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).

**SIGNATURE OF INFORMANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**FOR Pag-IBIG FUND USE ONLY**

**RECEIVED BY** \_\_\_\_\_

Signature over Printed Name    Designation/Position    Branch/Unit

**DATE** \_\_\_\_\_

**DISCLAIMER**

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

*FRONT*

*BACK*

Submit MDF in one (1) copy and observe the following:

- 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 Number (RTN)** - refers to system-generated number issued after completion of online registration.
- 3 **Instructions** - refers to quick guide in accomplishing the MDF.
- 4 **Occupational Status** - check the appropriate box to indicate working status of a person either employed, **unemployed or not yet employed (for first time jobseeker)**.
- 5 **Membership Category** - check the appropriate box to indicate 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
- b. **Employed (Government)** - any person in service of any of the government offices that are coverable by the 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

- c. **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.
- d. **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 (Foreign Government)** - refers to employee of foreign government (embassies/consulates) or international organizations without an administrative agreement with the Fund.
- b. **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.
- c. **Non-Working Spouse** - refers to a spouse who devotes full time to managing the household and family affairs.
- d. **Member of Religious Group** - refers to individual, head or leader of any organization in the exercise of religious belief.

- e. **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.

- f. **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; or

**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.

- g. **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.

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)**

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 Appearing in 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 January 14, 1980, please write 01 14 1980.

- 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 **Taxpayer Identification Number (TIN)** - indicate your 9-digit TIN issued by the Bureau of Internal Revenue (BIR).
- 22 **SSS/GSIS Number** - for private employees, indicate your 10-digit Social Security Number, and for government employees, indicate your 11-digit Business Partner Number.
- 23 **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
- 24 **Permanent Home Address** - indicate the address of your permanent residence.
- 25 **Present Home Address** - indicate the address where you currently reside, and the state/country only if present address is outside the Philippines.
- 26 **Preferred Mailing Address** - check the appropriate box to indicate your chosen address to receive mail.
- 27 **Contact Numbers** - indicate the country and area code only if outside Metro Manila or based abroad.
- 28 **Occupation** - indicate your job, profession, or type of work to earn a living.
- For Other Working Group (OWG)/Informal Sector, select from the following:
- Public Utility Transport Driver
  - Market Vendor
  - Farmer
  - Fisher Folk
  - Others (Other workers in the informal sector)
- 29 **Employment Status** - check the appropriate box.
- 30 **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).
- 31 **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).
- 32 **Type of Work** - check the appropriate box (applicable for OFW only).
- 33 **Monthly Income** - indicate your income or earning per month.
- 34 **Office Assignment** - check the appropriate box to indicate whether assigned to Head Office or a particular Branch.
- 35 **Date Employed** - indicate inclusive date of employment under current employer.
- 36 **Previous Employment From Date of Pag-IBIG Membership** - indicate details of your previous employment.
- 37 **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.
- 38 **Certification** - affix your signature and indicate the date when the MDF was accomplished.
- 39 **Acknowledgement** - to be accomplished by Pag-IBIG Fund.