



MEMBER'S DATA FORM

For Pag-IBIG Overseas Program

LATEST PHOTO
1X1

Pag-IBIG Fund Office - _____
Tel. No. _____

FREE MEMBERSHIP REGISTRATION*

POP MEMBERSHIP ID NO. _____

FAMILY NAME		FIRST NAME	MIDDLE NAME	MAIDEN NAME (FOR MARRIED FEMALE MEMBERS)
TIN	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (mm/dd/yyyy)		PLACE OF BIRTH
PASSPORT NO.	E-MAIL ADDRESS		CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> LEGALLY SEPARATED	
HOME ADDRESS			ZIP CODE	HOME TELEPHONE / CELLPHONE NO.
MAILING ADDRESS (ABROAD)			ZIP CODE	TELEPHONE NO. (ABROAD)
EMPLOYER NAME			ARE YOU A Pag-IBIG MEMBER? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, since when? _____	
EMPLOYER ADDRESS			ZIP CODE	TELEPHONE NO.
RECRUITMENT/MANNING AGENCY				TELEPHONE 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	LAST NAME	FIRST NAME	MIDDLE NAME
NAME OF FATHER	LAST NAME	FIRST NAME	MIDDLE NAME
NAME OF MOTHER	LAST NAME	FIRST NAME	MIDDLE NAME

CHILDREN

(Use another sheet if necessary)

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH (mm/dd/yyyy)
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH (mm/dd/yyyy)
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH (mm/dd/yyyy)

PREVIOUS EMPLOYMENT IN THE PHILIPPINES

(For verification of previous membership contributions in the Philippines. Use another sheet if necessary)

EMPLOYER/COMPANY NAME	EMPLOYER/COMPANY ADDRESS	PERIOD OF EMPLOYMENT

GROSS MONTHLY INCOME (\$ US)	DESIRED MEMBERSHIP MATURITY <input type="checkbox"/> FIVE (5) YEARS <input type="checkbox"/> TEN (10) YEARS <input type="checkbox"/> FIFTEEN (15) YEARS <input type="checkbox"/> TWENTY (20) YEARS	THEREBY CERTIFY THAT THE ABOVE DATA AND INFORMATION ARE TRUE AND CORRECT. _____ SIGNATURE OF APPLICANT DATE	SPECIMEN SIGNATURE (for issuance of POP ID. <i>Pls. sign within the box only</i>)
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FOR Pag-IBIG FUND USE ONLY

CONTRIBUTION RATE	RECEIVED BY/DATE	PFR NO.	PFR DATE	AMOUNT	PERIOD COVERED	VERIFIED BY/DATE
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THIS FORM MAY BE REPRODUCED. NOT FOR SALE

* Membership shall be reactivated only upon receipt of the initial contribution. Please remit your initial contribution to the Pag-IBIG office/Information Officer at _____ . Succeeding contributions can be remitted to our accredited collecting banks. For more information, please call _____ .