



# Visayas State University

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## Office of the President

9 August 2011

### MEMORANDUM CIRCULAR NO. 49

Series of 2011

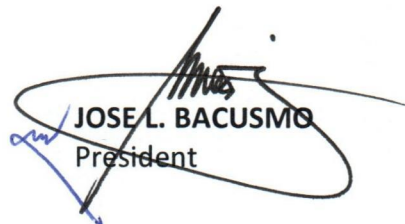
**T O: All Pag-Ibig Fund Members**

**R E: On-Line Membership Registration System**

Per information from Mr. Jose E. Clarin, OIC Department Manager of the Pag-Ibig Tacloban Branch, the fund will migrate into a new system wherein all transactions with the Fund shall be processed on Pag-Ibig Membership Identification (MID) Number/RTN.

All Pag-Ibig members are therefore requested to register on-line by accessing at the website [www.pagibigfund.gov.ph](http://www.pagibigfund.gov.ph). Those who cannot access the website, may accomplish the Member's Data Form (MDF) which is available at ODAHRD.

For compliance.

  
**JOSE L. BACUSMO**  
President

cc: ODAHRD  
Records  
File



FOR HDMF USE ONLY

Pag-IBIG MID NUMBER

REGISTRATION TRACKING NUMBER

1. Accomplish this form in two (2) copies.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. The "NAME EXTENSION" shall refer to JR., II, III and the like.
4. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
5. Accomplish only the "PERMANENT HOME ADDRESS" if it is different with the "PRESENT HOME ADDRESS".
6. On the "CONTACT DETAILS" portion, indicate at least one (1) contact number.
7. On the "OCCUPATION" portion, indicate your current Occupation.
8. On the "BENEFICIARIES" portion, the provision on the Intestate Succession, as provided in the New Family Code shall be observed.
  - a. SINGLE - Mother, Father, Brother and/or Sister
  - b. MARRIED - Spouse, Son, Daughter, Mother and Father
9. Upon submission of this form, present at least one (1) valid ID.
10. For any subsequent change of information, please secure and accomplish two (2) copies of the Member's Change of Information Form (MCIF) [FPF110] and submit to the concerned HDMF Branch.

## MANDATORY

- ☐ EMPLOYED PRIVATE  
☐ EMPLOYED GOVERNMENT  
☐ EMPLOYED PRIVATE HOUSEHOLD

- ☐ OVERSEAS FILIPINO WORKER (OFW)  
☐ SELF-EMPLOYED (SE)  
☐ OTHER WORKING GROUP (OWG)

## VOLUNTARY

- ☐ EMPLOYED  
☐ INDIVIDUAL PAYOR (IP)  
☐ OTHER WORKING GROUP (OWG, if income is less than P1,000.00)

	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
MEMBER					<input type="checkbox"/>
FATHER					<input type="checkbox"/>
MOTHER (Maiden Name)					<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					<input type="checkbox"/>

DATE OF BIRTH		MARITAL STATUS		TAXPAYERS IDENTIFICATION NUMBER (TIN)	
<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</div> <div>m</div> <div>d</div> <div>d</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div> </div>		<input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	
PLACE OF BIRTH (City/Municipality/Province/Country) (Please indicate country if born outside the Philippines)		CITIZENSHIP		SSS/GSIS NUMBER	
				<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	
SEX	HEIGHT	WEIGHT	PROMINENT DISTINGUISHING FACIAL FEATURES		
<input type="checkbox"/> Male <input type="checkbox"/> Female	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>(m)</div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>(kg)</div>	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>(Ex. Moles, Scars, etc.)</div>		
COMMON REFERENCE NUMBER (CRN) (If Available)		FREQUENCY OF MC PAYMENT (If payment of contribution is not thru payroll deduction)		For AFP/PNP Employee, Serial/Badge No. <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></div> <div></div> <div></div> <div></div> </div>		<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly		For DepEd Employee, Division Code-Station Code <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	

### ADDRESS AND CONTACT DETAILS

<b>PRESENT HOME ADDRESS</b>						(Indicate country code if abroad)	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision	<b>COUNTRY + AREA CODE</b>	<b>TELEPHONE NUMBER</b>
						Home	
Barangay	Municipality/City	Province/State/Country (if abroad)			ZIP Code	Cell Phone	
<b>PERMANENT HOME ADDRESS</b>							
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	House No	Street Name	Subdivision	Business (Direct Line)	
Barangay	Municipality/City	Province/State/Country (if abroad)			ZIP Code	Business (Trunk Line)	Local
<b>PREFERRED MAILING ADDRESS</b>						Email Address	
<input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address							

(Revised 03/2011)



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

EMPLOYER/BUSINESS NAME			MONTHLY INCOME Basic _____	
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor _____ Building Name _____ Lot No., Block No., Phase No. House No. _____			Allowances/Others + _____	
			= _____	
			Total Mo. Income _____	
Street Name _____ Subdivision _____ Barangay _____			TYPE OF WORK (For OFWs only) <input type="checkbox"/> Land-based <input type="checkbox"/> Sea-based	
Municipality/City _____ Province _____ State/Country (If abroad) _____ ZIP Code _____			OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
OCCUPATION _____	EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Casual <input type="checkbox"/> Project-based <input type="checkbox"/> Part-time/Temporary		FROM m m y y y y	TO m m y y y y

**PREVIOUS EMPLOYMENT FROM DATE OF HDMF MEMBERSHIP** (Use another sheet if necessary)

EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM m m y y y y TO m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM m m y y y y TO m m y y y y
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____
EMPLOYER/BUSINESS ADDRESS	FROM m m y y y y TO m m y y y y

**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)

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y
				<input type="checkbox"/>		m m d d y y y y

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

SIGNATURE OF MEMBER

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.