Republika ng Pilipinas
(Republic of the Philippines)
KAGAWARAN NG EDUKASYON
(DEPARTMENT OF EDUCATION)
PAMBANSANG PUNONG REHIYON
(NATIONAL CAPITAL REGION)
Daang Misamis, Bago Bantay, Lungsod Quezon
(Misamis St., Bago Bantay, Quezon City)

RUSH

Department of Education
National Capital Region
RELEASED
By:
Date: 3/9/18 Time:

Memorandum
No. 33, s. 2018

TO : **Schools Division Superintendents**
Public School Principals
Personnel Officers

FROM : **Officer-In-Charge**
Office of the Regional Director

RE : **Pag-IBIG Membership ID and Remittance of Contributions**

DATE : March 8, 2018

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1. In a Memorandum dated July 11, 2017, this Office directed all Division Offices to require their teaching and non-teaching personnel to enroll online and fill up the Pag-IBIG Member's Data Form (MDF) through their website: *https:www.pagibigfundservices.com* or visit the nearest Pag-IBIG Branch Office for updating purposes and acquisition of a lifetime Pag-IBIG ID Number.

2. However, todate, the records remained un-updated. Consequently, Pag-IBIG declined our remittances as our employees do not have Membership ID (MID) Number yet for posting purpose. We requested for reconsideration several times that our remittances be received pending our compliance and they have given us this final consideration and extension until April 2018 to be able to update our records by filling up the MDF.

3. Accordingly, **each and every employee, teaching or non-teaching-members of Pag-IBIG, shall fill up the Member's Data Form (MDF), copy attached.** A copy thereof is also available on the website of Pag-IBIG. All entries in MDF shall be filled up properly and legibly in accordance with the instruction at the upper part thereof.

4. Those who have already obtained MID need not fill up a Form, however, their MID Number should be submitted to this Office.

5. **School Heads are directed to require all school personnel to fill up the Form, check and ensure that have been properly filled up, and submitted to them on or before March 23, 2018. Thereafter, the school shall submit the Forms to the Division Office-Personnel Unit between March 26-28, 2018.**

6. Employees whose **status** were changed shall also fill up the **Member's Change of Information Form (MCIF)** to be submitted together with the MDF.

7. The Personnel Unit of the Division shall consolidate the MCIFs and MDFs and submit the same to the Pag-IBIG Office within the City. To expedite the updating of the members' records, the MDFs may be divided when there are more than one Pag-IBIG office within the City and **submit it to the nearest office on or before April 14, 2018.** Please refer to the attached list of Pag-IBIG offices.

8. The Schools Division Offices shall ensure that the MDFs/MCIF to be submitted to the Pag-IBIG Branch concerned will be properly acknowledged by the said Office. For this purpose, a **transmittal containing the names of the employees who submitted the MDF/MCIF should be prepared to be received by the Pag-IBIG.** A copy of the transmittal shall be furnished this Office to serve reference for transaction coordination/follow up with said office.

9. For strict compliance.

WILFREDO E. CABRAL
Officer-In-Charge
Office of the Regional Director

HQP-PFF-049

MEMBER'S CHANGE OF INFORMATION FORM (MCIF)

Pag-IBIG MID NUMBER

INSTRUCTIONS: ***PLEASE READ LIST OF SUPPORTING DOCUMENTS AT THE BACK. ACCOMPLISH AND SUBMIT THIS FORM IN ONE (1) COPY. PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS.***

CHECK THE APPROPRIATE BOX AND ACCOMPLISH ONLY THE APPLICABLE PORTION/S TO BE CHANGED/UPDATED

☐ Correction of Name
☐ Correction of Date of Birth
☐ Change of Marital Status
☐ Others (please specify) _____

LAST NAME	FIRST NAME	NAME EXTENSION *(e.g., Jr., II)*	MIDDLE NAME

CORRECTION OF NAME *(Last Name, First Name, Name Extension, Middle Name)*

FROM	TO

CORRECTION OF DATE OF BIRTH

FROM	TO

CHANGE OF MARITAL STATUS

FROM	TO

OTHERS *(please specify)* _____

FROM	TO

UPDATING OF HEIRS *(Please use separate sheet, if necessary)*

LAST NAME	FIRST NAME	NAME EXTENSION *(e.g., Jr., II)*	MIDDLE NAME	NO MIDDLE NAME *(check if applicable only)*	RELATIONSHIP	ADDITION	DELETION
				☐		☐	☐
				☐		☐	☐
				☐		☐	☐

CHANGE OF ADDRESS/CONTACT DETAILS *(Please accomplish portions to be changed only)*

PRESENT ADDRESS

Unit/Room No., Floor Bldg. Name Lot No. Block No. Phase No. House No. Street Name Subdivision

Barangay Municipality/City Province/State/Country (if abroad) ZIP Code

PERMANENT ADDRESS

Unit/Room No., Floor Bldg. 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 Address ☐ Permanent Address ☐ Employer/Business Address

CONTACT DETAILS

(Indicate country code if abroad)
COUNTRY+AREA CODE TELEPHONE NUMBER

Home

Cellphone

Business (Direct Line)

Business (Trunkline)

Email Address

CHANGE OF EMPLOYMENT DETAILS

EMPLOYER/BUSINESS NAME

EMPLOYER/BUSINESS ADDRESS
Unit/Room No., Floor Building Name Lot. No. Block No. Phase No. House No.

Street Name Subdivision Barangay Municipality Province ZIP Code

CERTIFICATION

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

_____ Signature of Member

_____ Date

THIS PORTION IS FOR Pag-IBIG USE ONLY

DOCUMENTS SUBMITTED		RECEIVED BY	DATE	APPROVED BY	DATE
☐ Birth Certificate ☐ Marriage Contract ☐ Court Order	☐ CENOMAR ☐ Death Certificate ☐ Others (Pls specify) _____				

LIST OF SUPPORTING DOCUMENTS

A. Change of Name

1. Birth Certificate issued by the National Statistics Office (NSO)

2. Due to Marriage
   - Marriage Contract with Registry Number issued by the National Statistics Office (NSO)

B. Correction of Date of Birth/Place of Birth/Mother's Maiden Name/Sex (due to erroneous encoding)

1. Birth Certificate issued by the NSO

C. Change of Marital Status

1. Single to married
   - Marriage Contract with Registry Number issued by the National Statistics Office (NSO)

2. Married to single (legally married to reported spouse)
   - Court Order

3. Married to single (due to erroneous encoding)
   - Certificate of No Marriage (CENOMAR) from NSO

4. Widowed
   - Death Certificate of deceased spouse

Note: ***Please submit photocopy of the documents depending on the information to be changed/updated. The Certified True Copy of the said documents shall be presented for authentication.***

HQP-PFF-039
(V06, 04/2017)

MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

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 one 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 without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
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, as provided in the New Civil Code of the Philippines, as amended by the New Family 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

*MEMBERSHIP CATEGORY

MANDATORY

☐ EMPLOYED PRIVATE
☐ EMPLOYED GOVERNMENT
☐ OVERSEAS FILIPINO WORKER (OFW)
☐ SELF-EMPLOYED (SE)
☐ PROFESSIONAL/BUSINESS OWNER
☐ JOB ORDER PERSONNEL
☐ OTHER WORKING GROUP (OWG)/ INFORMAL SECTOR

VOLUNTARY

☐ EMPLOYED FOREIGN GOVERNMENT
☐ BARANGAY OFFICIAL/EMPLOYEE
☐ NON-WORKING SPOUSE
☐ MEMBER OF RELIGIOUS GROUP
☐ PENSIONER/INVESTOR/LESSOR
☐ MEMBER OF COOPERATIVE/ TRADE UNION
☐ OVERSEAS FILIPINO IMMIGRANT
☐ OTHERS, *Please specify* _____

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)

SSS/GSIS NUMBER

EMPLOYEE NUMBER

For AFP/PNP Employee, Serial/Badge No.

For DepEd Employee, Division Code-Station Code

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

*CITIZENSHIP

*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 ☐ Semi-Annually
☐ Quarterly ☐ Annually

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

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PRESENT EMPLOYMENT DETAILS

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

*EMPLOYER/BUSINESS NAME *(For Formally Employed, OFW and Self-employed Professional/Business Owner)*

*EMPLOYER/BUSINESS ADDRESS *(For Formally Employed, OFW and Self-employed Professional/Business Owner)*

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

MONTHLY INCOME
Basic ________
\+
Allowances/Others ________
=
Total Mo. Income ________

OFFICE ASSIGNMENT
☐ Head Office ☐ Branch ________

DATE EMPLOYED *(Month, Year)*

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP

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

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
				☐		m m d d y y y y
				☐		m m d d y y y y
				☐		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

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.

Ayala Avenue Member Services Branch
2nd Flr., SSS Building 6782 Ayala Avenue cor. V. A. Rufino Street, Makati City
Email Address: ayala@pagibigfund.gov.ph
Trunkline: (02) 422-3000

Binondo Members Services Branch
Lucky Chinatown Annex B (Cityplace Square) Calle Felipe corner La Chambre Brgy 293 Zone 28 Binondo Manila 1006
Trunklines: (02) 422-3000

Buendia I Member Services Branch
2nd Flr. 317 Justine Bldg. Sen. Gil Puyat Avenue, Makati City
812-4731 connecting all departments; 422-3000 connecting all departments

Buendia II Member Services Branch
Ground Flr. 317 Justine Bldg. Sen. Gil Puyat Avenue, Makati City
812-4731 connecting all departments; 422-3000 connecting all departments

Caloocan Member Services Branch
Puritan Philippines, Inc. (PPI) Building 355 EDSA cor Gen. Tirona Street, Bagong Bario, Caloocan City
Email Address: caloocan@pagibigfund.gov.ph
Trunklines: (02) 422-3000

Commonwealth Ave. Member Services Branch
LGF Diliman Commercial Center, Commonwealt Ave., Batasan Hills, Quezon City
Trunkline # (02) 422-3000

Cubao Technical and Administrative Support
145 3rd Floor, Union Square Condominium
Carpark Bldg., 15th Avenue, Cubao Quezon City 1109
Email Address: cubao@pagibigfund.gov.ph
Trunklines: (02) 422-3000

Cubao Member Services Branch
Spark Place Building 2nd Level Spark Place Building
P. Tuazon corner 10th Avenue
Brgy. Socorro, Cubao, Quezon City
Email Address: cubao@pagibigfund.gov.ph
Trunklines: (02) 422-3000

Guadalupe Member Services Branch
2nd Flr., Guadalupe Commercial Complex No. 9, EDSA-Guadalupe, Makati City
Email Add: guadalupe@pagibigfund.gov.ph
Trunkline: (02) 422-3000

Kamias Member Services Branch
795, Anchor Center EDSA, Quezon City
Email Address: kamias@pagibigfund.gov.ph
Trunklines: (02) 422-3000

Las Piñas Members Services Branch
Robinsons Place Las Piñas
345 Alabang-Zapote Road, Brgy. Talon Uno, Las Piñas City
Trunklines: (02) 422-3000

Makati Central Business District-NCR South
2nd Flr. 317 Justine Bldg. Sen. Gil Puyat Avenue, Makati City
812-4731 connecting all departments; 422-3000 connecting all departments

Manila Members Services Branch
Palacio del Gobernador Condominium A. Soriano Ave., cor. General Luna St.
Intramuros, Manila,
Email Address: manila@pagibigfund.gov.ph
Trunklines: 422-3000

Mandaluyong Members Services Branch
500 Shaw Zentrum, Shaw Boulevard, Mandaluyong City
Email Address: mandaluyong_branch@pagibigfund.gov.ph
Trunklines: 422-3000

Marikina Member Services Branch
2F Graceland Plaza, Sta. Teresita Village, J.P. Rizal St., Malanday, Marikina
Trunklines: 422-3000

Muntinlupa Member Services Branch
3rd Floor, ARCS1 Sycamore Building Buencamino St. cor Alabang-Zapote Road,
Alabang, Muntinlupa City
Email Add: muntinlupa@pagibigfund.gov.ph
Trunkline: (02) 422-3000

Ortigas Member Services Branch
611 Westar Building Shaw Boulevard, Pasig City
Email Address: ortigas@pagibigfund.gov.ph
Trunklines: (02) 422-3000

Outside Makati Central Business District Area
5th Flr. 317 Justine Bldg. Sen. Gil Puyat Avenue, Makati City
812-4731 connecting all departments; 422-3000 connecting all departments

Pasay Members Services Branch
Roxas Strip Building Libertad cor. Roxas Boulevard, Pasay City
Email Address: pasay@pagibigfund.gov.ph
Trunklines: (02) 422-3000

Pasong Tamo Member Services Branch
Gate 3 Plaza Lawton Avenue & Juliano Ave., Phase III, Afpovai, Western Bicutan
Taguig City
Trunklines: (02) 422-3000

Poblacion Member Services Branch
4/F KBC Bldg., J. P. Rizal St. Brgy. Olympia, Poblacion, Makati City
Email Add: oblacion.me@pagibigfund.gov.ph; poblacion.ms@pagibigfund.gov.ph
Trunkline: (02) 422-3000

Quezon Avenue Member Services Branch
12 Quezon Avenue cor 7 Kitanlad Street, Quezon City
Trunkline # (02) 422-3000
Telephone # 925-6754

SM Aura-Taguig Member Services Branch
7/F SM Aura, Taguig City
Email Address: taguig.frontline@pagibigfund.gov.ph; taguig.me@pagibigfund.gov.ph
Trunkline: (02) 422-3000

Sta. Mesa Member Services Branch
G/F J & T Building, 3894 Ramon Magsaysay Boulevard, Sta. Mesa, Manila City
Email Address: taguig.frontline@pagibigfund.gov.ph; taguig.me@pagibigfund.gov.ph
Trunkline: (02) 422-3000

Valenzuela Members Services Branch
286 ARCA North Center, McArthur Hway
Brgy. Karuhatan, Valenzuela City
Trunklines: (02) 422-3000