



Republic of the Philippines



Region I  
DIVISION OF CITY SCHOOLS  
Dagupan City

RELEASE  
DEPED  
DATE: 3/17/16  
BY: [Signature]

DIVISION MEMORANDUM NO. 42, S. 2016

To : **Assistant Schools Division Superintendent;  
Education Program Supervisor;  
Public Schools District Supervisor;  
School Heads (Public Elementary & Secondary); And  
Non-Teaching Personnel**

From : <sup>Jhmm</sup>  
**FROSERFINA J. BRAVO**  
**OIC-Schools Division Superintendent** [Signature]

Date : **March 14, 2016**

Subject: **Online Registration of Member's Information Records through integration of Pag-IBIG Membership Identification (MID) Number**

As per information from Home Development Mutual Fund (Pag-IBIG) said office is in process of updating member's records through integration of PAG-IBIG Membership Identification (MID) Number.

In this regard, all public elementary and secondary teachers and Non-teaching personnel are hereby requested to verify, correct and update information needed thru the Pag-IBIG website at [www.pagibigfund.gov.ph](http://www.pagibigfund.gov.ph). For schools where internet is not accessible, you may accomplish and submit attached **Member's Data Form (MDF)** or **Member's Change of Information Form (MCIF) 1**.

Furthermore, schools shall submit to this office thru the Finance Division on or before **March 22, 2016** a hard & soft copy of the list of all teachers & non-teaching personnel who were able to register or update his/her information online using the format below:

Name of Employees (Last Name, First Name, Middle Name, Name Extension)	Date of Birth (mm-dd-yy)	Employee ID	Registration Tracking Number (RTN) / Pag- IBIG MID Number	Status/Remarks (indicate whether employee registered online or updated information)
1.				
2.				

For information and compliance.



# MEMBER'S CHANGE OF INFORMATION FORM (MCIF)

Pag-IBIG MID NUMBER

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**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
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**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

**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

DOCUMENTS SUBMITTED		RECEIVED BY	DATE	APPROVED BY	DATE
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> CENOMAR				
<input type="checkbox"/> Marriage Contract	<input type="checkbox"/> Death Certificate				
<input type="checkbox"/> Court Order	<input type="checkbox"/> Others (Pls specify)				

