



MEMBER'S CHANGE OF INFORMATION FORM (MCIF)

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| Pag-IBIG MID NUMBER | | | | | | | | | | | |
| | | | | | | | | | | | |
| HOUSING ACCOUNT NUMBER (if applicable) | | | | | | | | | | | |
| | | | | | | | | | | | |

INSTRUCTIONS

1. This form shall be accomplished in one (1) copy.
 2. Accomplish the applicable portions to be changed/corrected only. Indicate N/A if not applicable.
 3. Print all entries in BLOCK/CAPITAL LETTERS.
 4. Submit duly accomplished form together with required supporting documents to any Pag-IBIG Branch nearest you.
- NOTE: *Please submit photocopy of the documents depending on the information to be changed. The original or certified true copy of the said document shall be presented for authentication.*

CHECK THE APPROPRIATE BOX/BOXES AND ACCOMPLISH ONLY THE APPLICABLE PORTIONS TO BE CHANGED/UPDATED

| | | |
|--|--|--|
| <input type="checkbox"/> Change of Membership Category | <input type="checkbox"/> Change of Marital Status | <input type="checkbox"/> Updating of Heirs |
| <input type="checkbox"/> Change/Correction of Name | <input type="checkbox"/> Change of Address/Contact Details | <input type="checkbox"/> Others (Please specify) |
| <input type="checkbox"/> Correction of Date of Birth | <input type="checkbox"/> Change of Employment Details | |

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

1. CHANGE OF MEMBERSHIP CATEGORY

| | |
|------|----|
| FROM | TO |
|------|----|

2. CHANGE/CORRECTION OF NAME (Last Name, First Name, Name Extension, Middle Name)

| | |
|------|----|
| FROM | TO |
|------|----|

3. CORRECTION OF DATE OF BIRTH

| | |
|-------------------|-----------------|
| FROM (mm/dd/yyyy) | TO (mm/dd/yyyy) |
|-------------------|-----------------|

4. CHANGE OF MARITAL STATUS

| | |
|------|----|
| FROM | TO |
|------|----|

FOR MARRIED WOMEN

Use Husband's Surname Use Maiden Name – Husband's Surname Retain Maiden Name

| | | | | | | |
|-----------------------------|-----------|------------|----------------|-------------|---|----------------------------|
| SPOUSE (For Married Status) | Last Name | First Name | Name Extension | Middle Name | No Middle Name <input type="checkbox"/> | DATE OF BIRTH (mm/dd/yyyy) |
|-----------------------------|-----------|------------|----------------|-------------|---|----------------------------|

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

| | | | | | | | | |
|--|-------------------|------------------------------------|-----------|-----------|-----------|-------------|-----------------------------------|------------------------------------|
| PRESENT HOME ADDRESS | | | | | | | (Indicate country code if abroad) | |
| Unit/Room No. | Floor Bldg. Name | Lot No. | Block No. | Phase No. | House No. | Street Name | Subdivision | COUNTRY+AREA CODE TELEPHONE NUMBER |
| Barangay | Municipality/City | Province/State/Country (if abroad) | | | | Zip Code | Home | <input type="text"/> |
| PERMANENT HOME ADDRESS | | | | | | | Cellphone | <input type="text"/> |
| Unit/Room No. | Floor Bldg. 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) | <input type="text"/> |
| PREFERRED MAILING ADDRESS | | | | | | | Email Address | <input type="text"/> |
| <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address | | | | | | | | |

6. CHANGE OF EMPLOYMENT DETAILS

| | |
|--|-----------------------------|
| EMPLOYER/BUSINESS NAME | OCCUPATION |
| EMPLOYER/BUSINESS ADDRESS | EMPLOYMENT STATUS |
| 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 | DATE EMPLOYED (Month, Year) |

7. 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 | DATE OF BIRTH (mm/dd/yyyy) | ADDITION/DELETION |
|-----------|------------|-------------------------------|-------------|---|--------------|----------------------------|-------------------|
| | | | | <input type="checkbox"/> | | | |
| | | | | <input type="checkbox"/> | | | |

8. OTHERS (Please specify)

| | |
|------|----|
| FROM | TO |
|------|----|

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 over Printed Name of Member | Date |
|---------------------------------------|------|

THIS PORTION IS FOR Pag-IBIG USE ONLY

| | | | |
|-------------|------|-------------|------|
| RECEIVED BY | DATE | APPROVED BY | DATE |
|-------------|------|-------------|------|

CHECKLIST OF REQUIREMENTS

| MEMBER | FILING THROUGH A REPRESENTATIVE |
|--|---|
| <p>A. <u>Change of Membership Category</u></p> <ul style="list-style-type: none"> ▪ Member's Change of Information Form (MCIF) (1 Original) ▪ Valid ID acceptable to the Fund (1 Photocopy) <p>B. <u>Change/Correction of Name</u></p> <ul style="list-style-type: none"> ▪ For Change in name due to Marriage <ul style="list-style-type: none"> - MCIF (1 Original) - Marriage Contract (1 Photocopy) issued by Philippine Statistics Authority (PSA) or Local Civil Registry Office (LCRO) - Valid ID acceptable to the Fund (1 Photocopy) ▪ For Change in name (for reason other than Marriage) <ul style="list-style-type: none"> - MCIF (1 Original) - Birth Certificate (1 Photocopy) issued by PSA - Court Order granting petition of change of name (1 Photocopy) issued by Second Level Regional Trial Court - Valid ID acceptable to the Fund (1 Photocopy) <p>C. <u>Correction of Date of Birth</u></p> <ul style="list-style-type: none"> ▪ MCIF (1 Original) ▪ Birth Certificate (1 Photocopy) issued by PSA ▪ Valid ID acceptable to the Fund (1 Photocopy) <p>D. <u>Change of Marital Status</u></p> <ul style="list-style-type: none"> ▪ For Single to Married <ul style="list-style-type: none"> - MCIF (1 Original) - Marriage Contract (1 Photocopy) issued by PSA or LCRO - Valid ID acceptable to the Fund (1 Photocopy) ▪ For Married to Single (<i>legally married to reported spouse</i>) <ul style="list-style-type: none"> - MCIF (1 Original) - Court Order (1 Photocopy) issued by Second Level Regional Trial Court - Valid ID acceptable to the Fund (1 Photocopy) ▪ For Married to Single (<i>due to erroneous encoding</i>) <ul style="list-style-type: none"> - MCIF (1 Original) - CENOMAR (1 Photocopy) issued by PSA - Valid ID acceptable to the Fund (1 Photocopy) ▪ For Married to Widowed <ul style="list-style-type: none"> - MCIF (1 Original) - Death Certificate of the deceased spouse (1 Photocopy) issued by PSA or LCRO - Valid ID acceptable to the Fund (1 Photocopy) <p>E. <u>Change of Address/Contact Details</u></p> <ul style="list-style-type: none"> ▪ MCIF (1 Original) ▪ Valid ID acceptable to the Fund (1 Photocopy) <p>F. <u>Change of Employment Details</u></p> <ul style="list-style-type: none"> ▪ MCIF (1 Original) ▪ Valid ID acceptable to the Fund (1 Photocopy) <p>G. <u>Updating of Heirs</u></p> <ul style="list-style-type: none"> ▪ MCIF (1 Original) ▪ Valid ID acceptable to the Fund (1 Photocopy) <p>H. <u>Correction of Place of Birth/Mother's Maiden Name/Gender (Due to erroneous encoding)</u></p> <ul style="list-style-type: none"> ▪ MCIF (1 Original) ▪ Birth Certificate (1 Photocopy) issued by PSA ▪ Valid ID acceptable to the Fund (1 Photocopy) | <p>A. <u>Change of Membership Category</u></p> <ul style="list-style-type: none"> ▪ Member's Change of Information Form (MCIF) (1 Original) ▪ Valid ID of both parties (1 Photocopy) ▪ Authorization Letter (1 Original) <p>B. <u>Change/Correction of Name</u></p> <ul style="list-style-type: none"> ▪ For Change in name due to Marriage <ul style="list-style-type: none"> - 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