



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

FROM	TO
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3. CORRECTION OF DATE OF BIRTH

FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)
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4. CHANGE OF MARITAL STATUS

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

PRESENT HOME ADDRESS							<i>(Indicate country code if abroad)</i>	
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
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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
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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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