



Republic of the Philippines
**SOCIAL SECURITY SYSTEM
 PERSONAL RECORD
 FOR ISSUANCE OF SS NUMBER**

SS NUMBER
06-3058451-5

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME)		FIRST NAME		MIDDLE NAME	SUFFIX	DATE OF BIRTH (MMDDYYYY)	
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others				TAX IDENTIFICATION NUMBER (if any)	
NATIONALITY	RELIGION		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines)				
HOME ADDRESS (RM/FLOOR/UNIT NO. & BLDG. NAME)		(HOUSE, LOT & BLK. NO.)		(STREET NAME)		(SUBDIVISION)	
(BARANGAY/DISTRICT, LOCALITY)		(CITY/TOWN/CAPITAL)		(PROVINCE)	(COUNTRY)	ZIP CODE	
MOBILE/CELLPHONE NUMBER		EMAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)			
FATHER (LAST NAME)		FIRST NAME		MIDDLE NAME	SUFFIX		
MOTHER'S MAIDEN NAME (LAST NAME)		FIRST NAME		MIDDLE NAME	SUFFIX		

B. DEPENDENT(S)/BENEFICIARY(IES)

Check this box if using additional sheet

SPOUSE (LAST NAME)		FIRST NAME		MIDDLE NAME	SUFFIX	DATE OF BIRTH (MMDDYYYY)	
CHILDREN (LAST NAME)		FIRST NAME		MIDDLE NAME	SUFFIX	DATE OF BIRTH (MMDDYYYY)	
1.							
2.							
3.							
4.							
5.							
OTHER BENEFICIARY(IES) (if without spouse & child and parents are both deceased) (LAST NAME)		IF FIRST NAME		MIDDLE NAME	SUFFIX	RELATIONSHIP	
1.							
2.							

C. FOR SELF-EMPLOYED/DYERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

SELF-EMPLOYED (SE) Profession/Business Year Prof/Business Started Monthly Earnings P	OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings P Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P) I agree with my spouse's membership with SSS. SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE
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D. CERTIFICATION

I certify that the information provided in this form are true and correct.
 (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

RIGHT THUMB	RIGHT INDEX
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PRINTED NAME

SIGNATURE

DATE

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS)	RECEIVED BY (REPRESENTATIVE OFFICER/PARTNER AGENT)	RECEIVED & PROCESSED BY (SSS BRANCH/REGISTRATION DIVISION OFFICE)
MONTHLY SS CONTRIBUTION (FOR SE/OFW)	APPROVED MSC (FOR SE/OFW)	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	DATE & TIME	DATE & TIME
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	SIGNATURE OVER PRINTED NAME	DATE & TIME

RECEIVED & PROCESSED BY
 SSS BRANCH/REGISTRATION DIVISION OFFICE
SOCIAL SECURITY SYSTEM
 SM-SO 045/2017