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

SS NUMBER
06-4012236-4

COV 012-4 (09-2015)
THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.
ATTENTION: 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)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		NAME (SUFFIX)		DATE OF BIRTH (MM/DD/YYYY)	
ROSAS		CHRISTINE MAE		BELARMINO				11/21/1994	
SEX		CIVIL STATUS							
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others							
NATIONALITY		RELIGION		PLACE OF BIRTH (CITY/MUNICIPALITY PROVINCE) (CITY, COUNTRY, if born outside the Philippines)					
FILIPINO		CATHOLIC		LATHAG CEDU CITY					
HOME ADDRESS		HOME ADDRESS (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION) (CITY/MUNICIPALITY PROVINCE) (CITY, COUNTRY, if born outside the Philippines) (ZIP CODE)							
APAS		CEDU CITY		#30 JOSE MA. DEL MAR STREET UPPER DON BOSCO PHILIPPINES 6000					
MOBILE/CELL PHONE NUMBER		TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)							
09078075526		MAEROSAS142@gmail.com							
FATHER		MOTHER'S MAIDEN NAME		MOTHER'S MAIDEN NAME		MOTHER'S MAIDEN NAME		MOTHER'S MAIDEN NAME	
ROSAS		BELARMINO		ROLITO		NORIVEN		MORATA	

B. DEPENDENT(S)/BENEFICIARY/IES


SPOUSE		CHILDREN		OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased)		RECEIVED OVERSEAS		RELATIONSHIP		DATE OF BIRTH (MM/DD/YYYY)	
		1		1		RECEIVED OVERSEAS		MOTHER		01/12/1973	
		2		2				FATHER		09/20/1972	
		3									
		4									
		5									

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

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


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.)

CHRISTINE MAE ROSAS  AUG. 07, 2017

PRINTED NAME SIGNATURE DATE

Registrant is required to affix fingerprints

RIGHT THUMB 

RIGHT INDEX 

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 (MSB BRANCH/SERVICE OFFICE/FOREIGN OFFICE)	
		P		CNE LPS TRINIE DUNSON		JULY 17 2017	
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)		APPROVED MSC (FOR SE/OFW/NWS)		SIGNATURE OVER PRINTED NAME		SIGNATURE OVER PRINTED NAME	
P		P		ANAHITA A LABAGA-BOLU		DATE & TIME	
START OF PAYMENT (FOR SE/NWS)		FLEXI-FUND APPLICATION (FOR OFW)		REVIEWED BY (MSB BRANCH/SERVICE OFFICE/FOREIGN OFFICE)		DATE & TIME	
		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		CAROL RODRIGOS SU			
				SIGNATURE OVER PRINTED NAME		DATE & TIME	



**ANGAT^{PA}
PINAS!**

BUREAU OF INTERNAL REVENUE
Revenue District No. 080
KRC Building, Subangdaku
Mandaue City

TIN VERIFICATION
Query Results

TIN: 339-847-769

NAME: CHRISTINE MAE ROJAS

DATE OF BIRTH: 12-15-1996

ADDRESS: #38 JOSE MAMA DEL MAR STREET

UPPER DON BOSCO, APAS, CEBU CITY

RDO CODE: 80

TAXPAYER
CLASSIFICATION: EMPLOYEE

[Handwritten signature]
28 MAY 2019

SERGIA B. VILLONO
CHIEF, CLIENT SUPPORT SECTION



Pag-IBIG FUND

(Home Development Mutual Fund)

Member's Name: ROJAS, CHRISTINE MAE

BELARMINO

To our valued member,

You are now registered with Pag-IBIG Fund.

Your Tracking No. (RTN) 9172 1635 6720

Membership Identification no. (MID) 1212 0681 5231

The No. is to used in all your transactions with the Fund . Thank you for your continued support to the Fund.

ORIGINAL DOC SEEN

Very truly yours,

BY: [Signature]

DATE: 2/27/19

[Signature]
MS. PORTIA V. BACALSO
COD, Marketing & Enforcement Div.

S.S.C.O