



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**MEMBER DATA CHANGE REQUEST**

SSS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT [www.sss.gov.ph](http://www.sss.gov.ph). PLEASE READ THE INSTRUCTIONS 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 MEMBER**  
**A. PERSONAL DATA**

SS NUMBER <b>33-3348789-1</b>	COMMON REFERENCE NUMBER(IF ANY)	DATE OF BIRTH(MM/DD/YYYY) <b>06/19/1999</b>	TAX IDENTIFICATION NUMBER(IF ANY)
NAME (LAST NAME) <b>VITO</b>		(FIRST NAME) <b>MARY ALBERT</b>	(MIDDLE NAME) (SUFFIX) <b>VILLAMOR</b>
ADDRESS (PRIME/FURNIT. NO. & BLDG. NAME) <b>JUNQUERA EXT RAMOS</b>		(HOUSE/LOT & BLK. NO.)	(STREET NAME)
(PROVISION)	(BARANGAY/DISTRICT/LOCALITY) <b>SANTA CRUZ (POB.)</b>	(CITY/MUNICIPALITY) <b>CEBU CITY (CAPITAL)</b>	(PROVINCE) <b>CEBU</b>
TELEPHONE NUMBER/AREA CODE + TEL. NO.	MOBILE/CELLPHONE NUMBER <b>0995-8171007</b>	E-MAIL ADDRESS <b>lammaryvito@gmail.com</b>	
FOREIGN ADDRESS (IF APPLICABLE)		COUNTRY	ZIP CODE

**B. DATA CHANGE/CORRECTION/UPDATING**

**A. CHANGE OF MEMBERSHIP TYPE**

<p>FROM:</p> <input type="checkbox"/> Employee <input type="checkbox"/> Voluntary <input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Non-Working Spouse <input type="checkbox"/> Prior Registration <small>(Please check appropriate box for the new status or registration.)</small>	<p>TO:</p> <input type="checkbox"/> Self-Employed (Please fill-out the details below): Profession/Business _____ Year Profession/Business Started _____ Monthly Earnings(Php) _____	<p>TO (Option for Prior Registration Only):</p> <input type="checkbox"/> Non-Working Spouse (Please fill-out the details below): SS No./CRN of Working Spouse _____ Monthly Income of Working Spouse (Php) _____ I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS. _____ SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____
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**B. CORRECTION OF NAME**

<input type="checkbox"/> Last Name <input type="checkbox"/> First Name <input type="checkbox"/> Middle Name (in case of double name to middle name) <input type="checkbox"/> Prefix (e.g. "San", "Jose", "Senior", "Sr.", "Mx.", "Dr.", "Hon.") (if Suffix use S., Jr. or Sr.) <input type="checkbox"/> Single Error in Spelling of Name (e.g. "B" to "D" or "V" to "Y" or vice versa, misarrangement of letters and second elements) <input type="checkbox"/> Typo in Surname	<p>FROM</p> <p>TO</p>
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**C. CORRECTION OF DATE OF BIRTH**

**D. CORRECTION OF SEX**

**E. CHANGE OF CIVIL STATUS**

(For Female Members: Ascertain the FROM and TO partners, if also requesting for change of name.)

Single to Married  
 Married to Legally Separated  
 Married to Widowed  
 Divorced from Married to Single

**F. UPDATING OF CONTACT INFORMATION**

Address       Telephone Number       E-mail Address       Mobile/Cellphone Number

**G. UPDATING OF BANK INFORMATION**

<input type="checkbox"/> Savings (Business/Maturity/Pension/Retirement) <input type="checkbox"/> Loans <input type="checkbox"/> PESO Fund	Bank Name	Bank Branch	Account Number
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**H. UPDATING OF MEMBER RECORD STATUS (from Temporary to Permanent) - please indicate authorized beneficiaries**

**I. UPDATING OF DEPENDENT/BENEFICIARY(IES) (Please check the appropriate box. If more than 3, use the back of the form.)**

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MM-DD-YYYY)	<input type="checkbox"/> New/Additional Deletion <input type="checkbox"/> New/Additional Deletion <input type="checkbox"/> New/Additional Deletion
Villamor	Elizabeth	Villamor		Mother	June 29 1968	<input type="checkbox"/> New/Additional Deletion <input type="checkbox"/> New/Additional Deletion <input type="checkbox"/> New/Additional Deletion
						<input type="checkbox"/> New/Additional Deletion <input type="checkbox"/> New/Additional Deletion <input type="checkbox"/> New/Additional Deletion
						<input type="checkbox"/> New/Additional Deletion <input type="checkbox"/> New/Additional Deletion <input type="checkbox"/> New/Additional Deletion

**C. CERTIFICATION**

SE NUMBER: **35-0340780-1**

I certify that the information provided in this form are true and correct.

**Vandy Alham V. Vito** (PRINTED NAME)      *[Signature]* (SIGNATURE)      **March 25, 2021** (DATE)

Member cannot sign, affix fingerprints (please see instruction no. 8). Below are the addresses to fingerprinting:

1) **Vandy Alham V. Vito** (PRINTED NAME)      *[Signature]* (SIGNATURE)      \_\_\_\_\_ (DATE)  
**ADDRESS & CONTACT NUMBER** \_\_\_\_\_

2) \_\_\_\_\_ (PRINTED NAME)      \_\_\_\_\_ (SIGNATURE)      \_\_\_\_\_ (DATE)  
**ADDRESS & CONTACT NUMBER** \_\_\_\_\_

RIGHT THUMB

RIGHT INDEX

**PART II - TO BE FILLED BY SSS**

**For Change of Membership Type to Self-Employed**

Business Case: \_\_\_\_\_

Approved MSC: \_\_\_\_\_

Start of Payment: \_\_\_\_\_

Monthly SS Contribution: \_\_\_\_\_

**For Change of Membership Type to Non-Working Spouse**

Working Spouse's MSC: \_\_\_\_\_

Approved MSC of NWS: \_\_\_\_\_

Start of Payment: \_\_\_\_\_

Monthly SS Contribution (Phil): \_\_\_\_\_

RECEIVED BY: *[Signature]*      DATE & TIME: \_\_\_\_\_

ENCODER: *[Signature]*      DATE & TIME: \_\_\_\_\_

PROCESSED BY: *[Signature]*      DATE & TIME: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_      DATE & TIME: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_      DATE & TIME: \_\_\_\_\_

**INSTRUCTIONS**

- Fill out this form in two (2) copies and submit to the nearest SSS branch office together with the required documents. Refer to the attached "List of Documentary Requirements for Member Data Change Request".
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- Present original copy and submit photocopies of the following identification (ID) card/s in filing this form:
  - Filed by member
    - Social Security (SS) card or Unified Multi-Purpose ID (UMID) card or two (2) ID cards both with signature and one (1) with photo
  - Filed by employer or company representative or household employer
    - SS card or UMID card or two (2) ID cards of the member, both with signature and one (1) with photo; and
    - Addition ID card/s per type of filer
      1. Company ID of the employer-filer, with signature and photo, if filed by employer
      2. Spouse - Signature Card (SS Form L-501) of the company representative, if filed by company representative
      3. Two (2) ID cards of the household employer-filer, both with signature and one (1) with photo, if filed by household employer
- If member is requesting for updating of contact information (address, telephone number, e-mail address and mobile/cellphone number), indicate already under Part I-A of the form the new contact information.
- If member cannot sign, witnesses to fingerprinting shall be as follows:
  - Filed by member
    - SSS receiving personnel who shall affix his/her signature on the portion provided for in PART I-C.
  - Filed by employer or company representative or household employer
    - Two (2) witnesses. Both should affix their signatures and indicate their addresses and contact numbers on the portions provided for in Part I-C. One (1) witness is the member's employer or company representative or household employer himself and the other one (1) could be any person.
- If dependents/beneficiaries are more than three (3), please use space provided below.

UPDATING OF DEPENDENT/BENEFICIARIES: (Please check the appropriate box.)

NAME & LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MM-DD-YYYY)	
Villamor	Elizabeth	Villaras		Mother	June 29 1983	<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion