

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

SS NUMBER

06-3758644-7

Annex

01199 (03-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.
 PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND IN
 BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

E (LAST NAME) SABANATE		(FIRST NAME) KESIAH ANN		(MIDDLE NAME) CASAGAN	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 08/21/99	
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	CIVIL STATUS <input checked="" 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 FILIPINO	RELIGION ROMAN CATHOLIC		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) Cebu City Philippines				
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) RECEIVED WITH ERASURE		(HOUSE/LOT & BLK. NO.) Block 5 Lot 17	(STREET NAME) Phase 2B Bacayan Villateyson	(SUBDIVISION)			
(BARANGAY/DISTRICT/LOCALITY) SAAVEDRA	(CITY/MUNICIPALITY) MOALBOAL	(PROVINCE) CEBU	(COUNTRY) Philippines	ZIP CODE 6000			
MOBILE/CELLPHONE NUMBER 09264545756	E-MAIL ADDRESS kesiah-ann@yahoo.com		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL NO.)				
FATHER (LAST NAME) N/A	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)				
MOTHER'S MAIDEN NAME (LAST NAME) SABANATE	(FIRST NAME) ESTELITA	(MIDDLE NAME) CASAGAN	(SUFFIX)				

B. BENEFICIARY/IES

SPOUSE (LAST NAME)		(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (LAST NAME)		(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
1.						
2.						
3.						
4.						
5.						
OTHER BENEFICIARY/IES (If without spouse and child and parents are both deceased) (LAST NAME)		(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1.						
2.						

C. FOR SELF-EMPLOYED/OVERSEAS 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 I agree with my spouse's membership with SSS. SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE
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D. CERTIFICATION

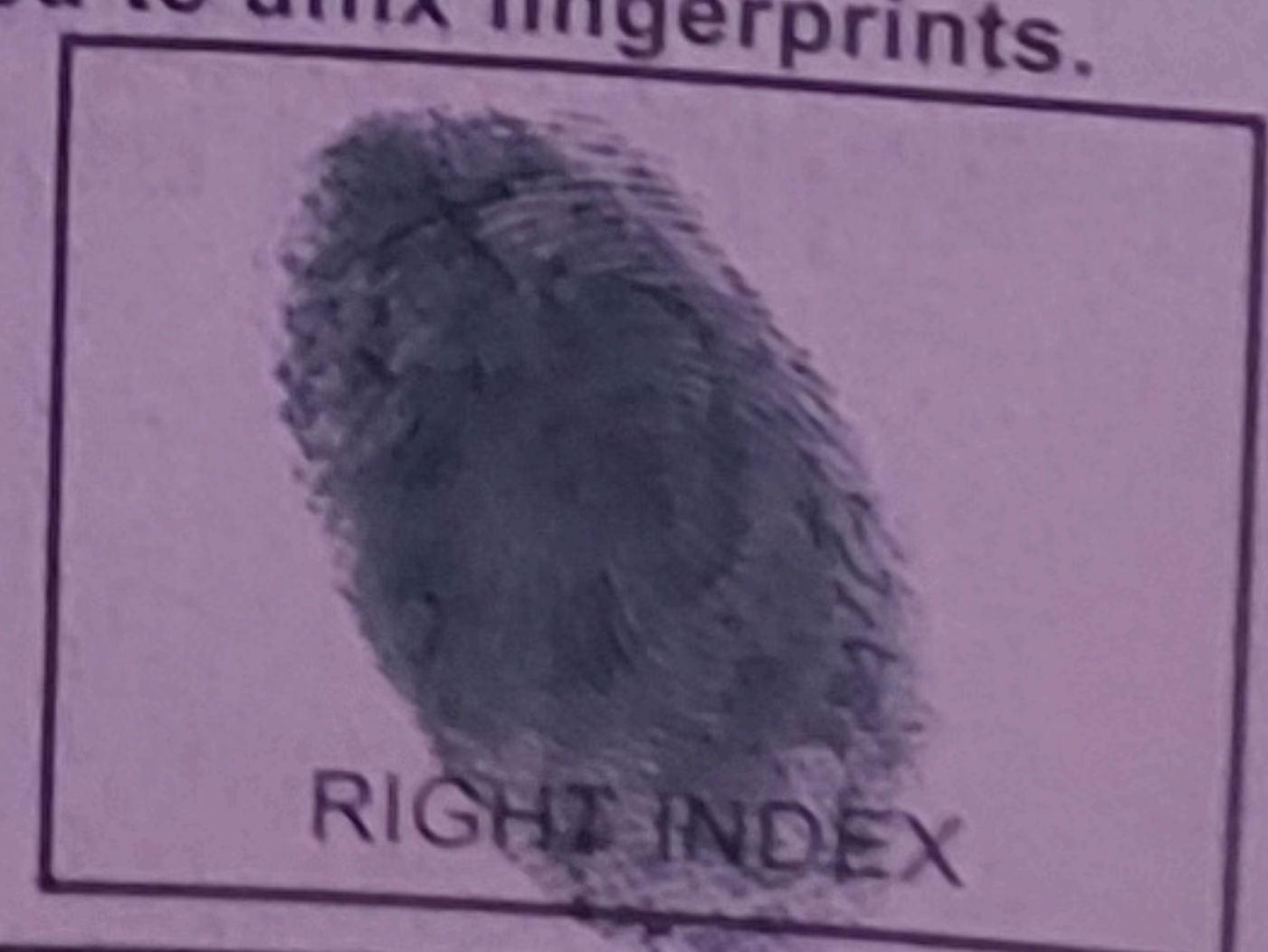
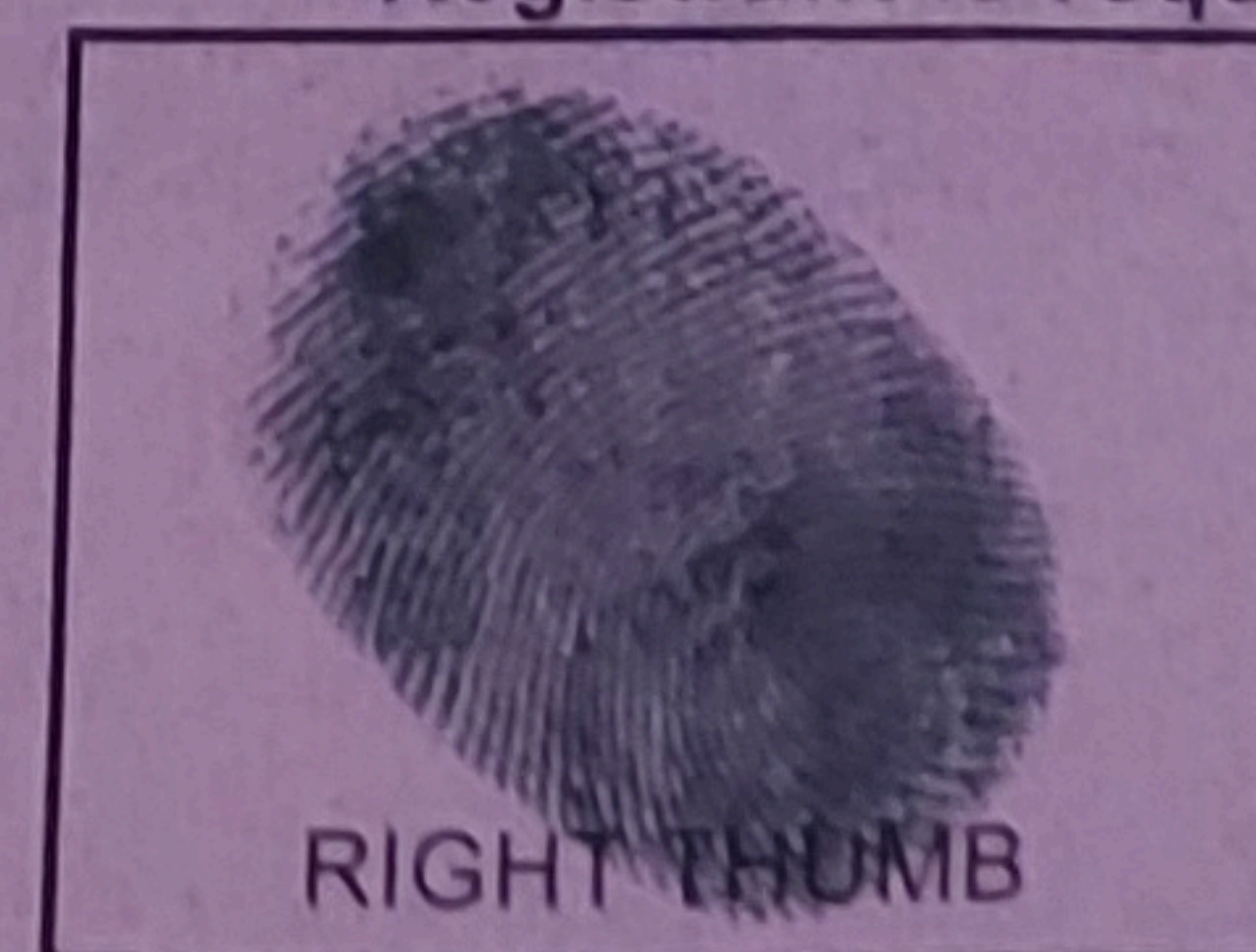
I certify that the information provided in this form are true and correct.
 (If registrant cannot sign affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

KESIAH ANN C. SABANATE
PRINTED NAME

Kesiah Ann C. Sabanate
SIGNATURE

11/03/15
(10/28/15)
DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE's MSC (FOR NWS) P	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (MSS, SSS OFFICE) SOCIAL SECURITY SYSTEM MEMBERS SERVICES SECTION Cebu City Branch NOV 03 2015 SIGNATURE OVER PRINTED NAME EV VIE N. TANJAY DATE & TIME
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME	DATE & TIME
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		