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

E-1

SS NUMBER 06-4263489-2

4-01214 (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.

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

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

(LAST NAME): OLAYVAR (FIRST NAME): RENATO (MIDDLE NAME): ORAÑOLA (SUFFIX): JR. DATE OF BIRTH (MMDDYYYY): 05 06 2000

TAX IDENTIFICATION NUMBER (IF ANY):

Male ☐ Female CIVIL STATUS: ☑ Single ☐ Married ☐ Widowed ☐ Legally Separated ☐ Others

NALITY: FILIPINO RELIGION: ROMAN CATHOLIC PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, If born outside the Philippines): CEBU CITY

ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME): PUROK (HOUSE/LOT & BLK. NO.): 1 (STREET NAME): NANGKA (SUBDIVISION):

(BARANGAY/DISTRICT/LOCALITY): CONSOLACION (CITY/MUNICIPALITY): CEBU CITY (PROVINCE): CEBU (COUNTRY): PHILIPPINES ZIP CODE: 6000

E/CELLPHONE NUMBER: 09662001197 E-MAIL ADDRESS: renatoolayvar09@gmail.com TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.): 423-1040

R (LAST NAME): OLAYVAR (FIRST NAME): RENATO (MIDDLE NAME): ZORONJO (SUFFIX): SR.

ER'S MAIDEN NAME (LAST NAME): ORAÑOLA (FIRST NAME): RIZALITA (MIDDLE NAME): FERNANDEZ (SUFFIX):

B. DEPENDENT(S)/BENEFICIARY/IES

☐ Check this box if using additional sheet

SE (LAST NAME): N/A (FIRST NAME): (MIDDLE NAME): (SUFFIX): DATE OF BIRTH (MMDDYYYY):

D/REN (LAST NAME): N/A (FIRST NAME): (MIDDLE NAME): (SUFFIX): DATE OF BIRTH (MMDDYYYY):

ER BENEFICIARY/IES *(If without spouse & child and parents are both deceased)* (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) RELATIONSHIP DATE OF BIRTH (MMDDYYYY)

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

-EMPLOYED (SE)
Profession/Business
Year Prof./Business Started
Monthly Earnings
₱

OVERSEAS FILIPINO WORKER (OFW)
Foreign Address
Monthly Earnings ₱
Are you applying for membership in the Flexi-Fund Program? ☐ YES ☐ NO

NON-WORKING SPOUSE (NWS)
SS No./Common Reference No. of Working Spouse
Monthly Income of Working Spouse (₱)
I agree with my spouse's membership with SSS.
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.)

Registrant is required to affix fingerprints.

RIGHT RIGHT

RENATO O. OLAYVAR JR. (PRINTED NAME) (SIGNATURE) 3/29/19 (DATE)

PART II - TO BE FILLED OUT BY SSS

NESS CODE (SE)

WORKING SPOUSE's MSC (FOR NWS) ₱

THLY SS CONTRIBUTION (SE/OFW/NWS)

APPROVED MSC (FOR SE/OFW/NWS) ₱

RT OF PAYMENT (SE/NWS)

FLEXI-FUND APPLICATION (FOR OFW) ☐ Approved ☐ Disapproved

RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)
SIGNATURE OVER PRINTED NAME DATE & TIME

REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)
SIGNATURE OVER PRINTED NAME

RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICEOFFICE/FOREIGN OFFICE)
SOCIAL SECURITY SYSTEM
MEMBER SERVICES SECTION
CEBU-NIA BRANCH
SIGNATURE OVER PRINTED NAME DATE & TIME
MAR 29 2019
JENEVIE M. TANJAY
RECEIVED/CERTIFIED BY: MEMBER/IL