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COV-01214 (09-2015)

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

SS NUMBER

06-3863277-2

THIS 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 ALL 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)
ABAD	THERESE MARIE	BELONGUEL		11 21 1991
SEX	CIVIL STATUS			TAX IDENTIFICATION NUMBER (IF ANY)
<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	ROMAN CATHOLIC	CEBU CITY		
HOME ADDRESS (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) (SUBDIVISION)				
296-M GONZALEZ COMPOUND GORORDO AVE. CEBU CITY				
KAMPUTIAW CEBU CITY CEBU PHILIPPINES 6000				
MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)	
09230129290	THERESEABAD@GMAIL.COM			
FATHER (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
ABAD	RUEL	VILLEGAS		
MOTHER'S MAIDEN NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
BELONGUEL	BABY	MARAY		

B. DEPENDENT(S)/BENEFICIARY(IES)

Check this box if using additional sheet.

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 & child and parents are both deceased) (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)				RELATIONSHIP
1.				
2.				

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

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

D. CERTIFICATION

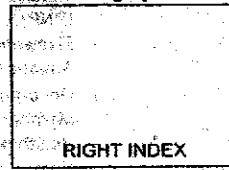
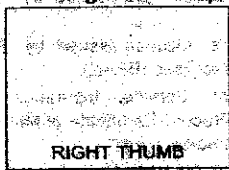
I certify that the information provided in this form are true and correct. (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

THERESE MARIE ABAD

[Signature]

Aug. 15, 2016



PRINTED NAME

SIGNATURE

DATE

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 (MSS BRANCH/SERVICE OFFICE/DESIGN OFFICE)
	P	[Signature]	[Signature]
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
P	P	[Signature]	[Signature]
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (MSS BRANCH/SERVICE OFFICE)	
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	[Signature]	

SIGNATURE OVER PRINTED NAME

DATE & TIME

08/15/16  
AUG 15 2016  
JARANILLA  
08/15/16