



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

SS NUMBER
06 4087924-8

COV-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.

PLEASE 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) TAAN	(FIRST NAME) GERALD	(MIDDLE NAME) MACALDO	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 0161191191917
SEX <input checked="" type="checkbox"/> Male <input 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 CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) STA. CRUZ, MANILA		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) KAMPUTHAW		(HOUSE/LOT & BLK. NO.) ESCARIO	(STREET NAME)	(SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY) KAMPUTHAW	(CITY/MUNICIPALITY) CEBU CITY	(PROVINCE) PHILIPPINES	(COUNTRY)	ZIP CODE
MOBILE/CELLPHONE NUMBER 09487625601	E-MAIL ADDRESS gt33t4w2@gmail.com	TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)		
FATHER (LAST NAME) TAAN	(FIRST NAME) ROGELIO	(MIDDLE NAME)	(SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) MACALDO	(FIRST NAME) ALMA	(MIDDLE NAME)	(SUFFIX)	

B. DEPENDENT(S)/BENEFICIARY/IES

				<input type="checkbox"/> 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)			RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1. (LAST NAME) TAAN	(FIRST NAME) ALMA	(MIDDLE NAME) MACALDO	(SUFFIX)	MOTHER 01103
2. (LAST NAME) TAAN	(FIRST NAME) ALGER	(MIDDLE NAME) MACALDO	(SUFFIX)	BROTHER

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

SELF-EMPLOYED (SE) Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____ ₱	OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____ Monthly Earnings _____ ₱	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 _____
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D. CERTIFICATION

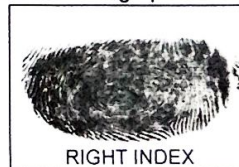
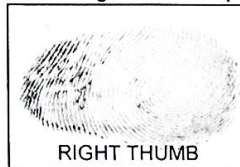
I certify that the information provided in this form are true and correct.
 (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints

GERALD M. TAAN
 PRINTED NAME

G. Taan
 SIGNATURE

03-06-18
 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. BRANCH/SERVICE OFFICE/FOREIGN OFFICE/SECTION)
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	<input checked="" type="checkbox"/> RECEIVED <input type="checkbox"/> ORIGINAL <input type="checkbox"/> REFILED <input checked="" type="checkbox"/> COMPARED W/ ORIGINAL / CERTIFIED TRUE COPY 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	REVIEWED BY (MSS. BRANCH/SERVICE OFFICE)	03081 MAR 08 2018 DATE _____ TIME _____
		SIGNATURE OVER PRINTED NAME _____	DATE & TIME _____