



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

SS NUMBER
06-4217994-6

COV-C1214 (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)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
BUCAYAN		JESSA		BOHOL				12221996	
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	-day Saints The Church of Jesus Christ of Latter		Bogo City, Cebu						
HOME ADDRESS (BARANGAY/DISTRICT/EQUALITY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) ZIP CODE									
Cantecson, Gairan Bogo City, Cebu Philippines 6010									
MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS			TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL NO)				
09754386877		jbcayan08@gmail.com			NONE				
FATHER	NAME (LAST NAME)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		NAME (SUFFIX)		
	Bucayan		Romeo		Conales				
MOTHER'S MAIDEN NAME	NAME (LAST NAME)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		NAME (SUFFIX)		
	Bohol		Juanita		Valiente				

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet

SPOUSE		NAME (LAST NAME)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
CHILD/REN		NAME (LAST NAME)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		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.		NAME (LAST NAME)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		NAME (SUFFIX)			
2.											

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

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

D. CERTIFICATION

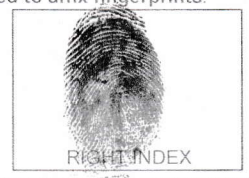
I certify that the information provided in this form are true and correct.
 (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

JESSA BUCAYAN
 PRINTED NAME

SA.
 SIGNATURE

12/03/18
 DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS)	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (MSS BRANCH/SERVICE OFFICE)
	P		AEVE D. YOSORF'S SSS-BOGO BRANCH
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME DATE & TIME	SIGNATURE OVER PRINTED NAME DATE & TIME
P	P		DEC 03 2018
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 OVER PRINTED NAME DATE & TIME	