



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

SS NUMBER

35-1663641-5

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](http://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) TORETEO		(FIRST NAME) MA. JESSA CRISTA		(MIDDLE NAME) LIPITEN	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 1   12   2   15   2   10   0   13	
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) LAPU-LAPU CITY CEBU			(CITY, COUNTRY, if born outside the Philippines) PHILIPPINES		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) KAUNASAN		(HOUSE/LOT & BLK. NO.) CEBU CITY	(STREET NAME) PANAG-ABAY	(SUBDIVISION)		ZIP CODE 6000	
(BARANGAY/DISTRICT/LOCALITY) KAUNASAN	(CITY/MUNICIPALITY) CEBU CITY	(PROVINCE) CEBU	(COUNTRY) PHILIPPINES	TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)			
MOBILE/CELLPHONE NUMBER 09912055922	E-MAIL ADDRESS toreteojessa.crista@gmail.com		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)				
FATHER (LAST NAME) TORETEO	(FIRST NAME) JERICO	(MIDDLE NAME) QUINO	(SUFFIX)				
MOTHER'S MAIDEN NAME (LAST NAME) LIPITEN	(FIRST NAME) JULIETA	(MIDDLE NAME) CACAMAY	(SUFFIX)				

**B. DEPENDENT(S)/BENEFICIARY/IES**

Check this box if using additional sheet.

SPOUSE (LAST NAME) TORETEO	(FIRST NAME) JERICO	(MIDDLE NAME) QUINO	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 0   6   1   16   1   19   6   18	
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) 1. TORETEO	(FIRST NAME) JERICO	(MIDDLE NAME) QUINO	(SUFFIX)	RELATIONSHIP FATHER	DATE OF BIRTH (MMDDYYYY) 0   6   1   16   1   19   6   18
2. TORETEO	JULIETA	& LIPITEN		MOTHER	0   8   1   15   1   19   7   14

**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 checked="" type="checkbox"/> NO	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P) 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.

MA. JESSA CRISTA TORETEO  
 PRINTED NAME

SIGNATURE

01-17-2023  
 DATE

RIGHT THUMB

RIGHT INDEX

**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) SIGNATURE OVER PRINTED NAME DATE & TIME	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) SIGNATURE OVER PRINTED NAME DATE & TIME
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) 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		



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Republic of the Philippines  
**SOCIAL SECURITY SYSTEM  
ADDITIONAL SHEET  
FOR DEPENDENT(S)/BENEFICIARY(IES)**

SS NUMBER

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**PART I - TO BE FILLED OUT BY THE REGISTRANT**

NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

TORRETO

**ADDITIONAL DEPENDENT(S)/BENEFICIARY(IES)**

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	DATE OF BIRTH (MMDDYYYY)
1.						
2.						

PRINTED NAME OF REGISTRANT

SIGNATURE

DATE

**PART II - TO BE FILLED OUT BY SSS**

RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)  _____ SIGNATURE OVER PRINTED NAME  _____ DATE & TIME	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)  _____ SIGNATURE OVER PRINTED NAME  _____ DATE & TIME	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)  _____ SIGNATURE OVER PRINTED NAME  _____ DATE & TIME
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