



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

SS NUMBER
06-4158949-8

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) **PANCHO** (FIRST NAME) **DAN EUGENE** (MIDDLE NAME) **BERDIN** (SUFFIX) _____ DATE OF BIRTH (MMDDYYYY) **014 | 219 | 1919 | 19**

SEX Male Female CIVIL STATUS Single Married Widowed Legally Separated Others _____ TAX IDENTIFICATION NUMBER (IF ANY) _____

NATIONALITY **FILIPINO** RELIGION **ROMAN CATHOLIC** PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) **CEBU CITY**

HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION) _____

(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) ZIP CODE
BARAK LAPU-LAPU CEBU PHILIPPINES 601

MOBILE/CELLPHONE NUMBER **0949 182 5345** E-MAIL ADDRESS **Danyugin@gmail.com** TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.) **N/A**

FATHER (LAST NAME) **PANCHO** (FIRST NAME) **DANTE** (MIDDLE NAME) **MALINAO** (SUFFIX) _____
 MOTHER'S MAIDEN NAME (LAST NAME) **BERDIN** (FIRST NAME) **MENIE** (MIDDLE NAME) **BERING** (SUFFIX) _____

B. DEPENDENT(S)/BENEFICIARY/ES Check this box if using additional sheet.

SPOUSE (LAST NAME) **N/A** (FIRST NAME) _____ (MIDDLE NAME) _____ (SUFFIX) _____ DATE OF BIRTH (MMDDYYYY) _____

CHILDREN (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY)

1. **N/A** _____ _____ _____ _____ _____

2. _____ _____ _____ _____ _____

3. _____ _____ _____ _____ _____

4. _____ _____ _____ _____ _____

5. _____ _____ _____ _____ _____

OTHER BENEFICIARY/ES (if without spouse & child and parents are both deceased) (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) RELATIONSHIP DATE OF BIRTH (MMDDYYYY)

1. _____ _____ _____ _____ _____

2. _____ _____ _____ _____ _____

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? YES 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. YES NO 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.)

DAN EUGENE PANCHO PRINTED NAME **Pancho.** SIGNATURE **07/20/18** DATE

Registrant is required to affix fingerprints. **RIGHT THUMB** **RIGHT INDEX**

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE) _____ WORKING SPOUSE'S MSC (FOR NWS) **P** RECEIVED & PROCESSED BY (SSS BRANCH/SERVICE OFFICE) **SSS LAPU-LAPU BRANCH**

MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) **P** APPROVED MSC (FOR SE/OFW/NWS) **P** RECEIVED COMPARED WITH THE ORIGINAL REFILED **10.18**

START OF PAYMENT (FOR SE/NWS) _____ FLEXI-FUND APPLICATION (FOR OFW) Approved Disapproved _____ REVIEWED BY (SSS BRANCH/SERVICE OFFICE) **CHELICIE A. BARATAS** SIGNATURE OVER PRINTED NAME DATE: _____ DATE & TIME _____



Republic of the Philippines
SOCIAL SECURITY SYSTEM
SS NUMBER SLIP

SS Number: 06-4158949-8
PANCHO, DAN EUGENE BERDIN
Birthdate: 04/29/1999



JUL 20 2018

SSS LAPU-LAPU BRANCH

COMPARED WITH THE ORIGINAL

RECEIVED REFILED

CS
CHELCIE A. BARATAS

DATE: _____ TIME: _____