

**E-1**

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

SS NUMBER

06-3969760-6

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) OMEGA (FIRST NAME) REX KENNETH (MIDDLE NAME) GARCIA (SUFFIX)		DATE OF BIRTH (MMDDYYYY) 11/10/1995	
SEX ☒ Male ☐ Female	CIVIL STATUS ☒ Single ☐ Married ☐ Widowed ☐ Legally Separated ☐ Others		
NATIONALITY FILIPINO	RELIGION CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) ORMO CITY, LEYTE	
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)	(STREET NAME) CITY PARK (SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY) PROG. SALVATION		(CITY/MUNICIPALITY) ORMO CITY	(PROVINCE) LEYTE (COUNTRY) PHILIPPINES ZIP CODE 6541
MOBILE/CELLPHONE NUMBER 0917649205		E-MAIL ADDRESS omcackimmy@yahoo.com	TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)
FATHER (LAST NAME) OMEGA (FIRST NAME) RAFAEL (MIDDLE NAME) DELGADO (SUFFIX) SR.	MOTHER'S MAIDEN NAME (LAST NAME) GARCIA (FIRST NAME) MARIANITA (MIDDLE NAME) TRICIANO (SUFFIX)		

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 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. 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.

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) P	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME DATE & TIME	SOCIAL SECURITY SYSTEM MEMBERS SERVICES SECTION CEBU CITY BRANCH MAY 09 2017 NIÑO L. MAGALLON
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) ☐ Approved ☐ Disapproved	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)	SIGNATURE OVER PRINTED NAME DATE & TIME