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COV-01214 (09-2015)

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

SS NUMBER: 06-4128829-4

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

Form section A containing fields for NAME (LAST, FIRST, MIDDLE, SUFFIX), DATE OF BIRTH, SEX, CIVIL STATUS, TAX IDENTIFICATION NUMBER, NATIONALITY, RELIGION, PLACE OF BIRTH, HOME ADDRESS, MOBILE/CELLPHONE NUMBER, E-MAIL ADDRESS, TELEPHONE NUMBER, FATHER, and MOTHER'S MAIDEN NAME.

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

Form section B containing fields for SPOUSE, CHILD/REN (1-5), and OTHER BENEFICIARY/IES (1-2) with sub-fields for names, relationships, and dates of birth.

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

Form section C containing sub-sections for SELF-EMPLOYED (SE), OVERSEAS FILIPINO WORKER (OFW), and NON-WORKING SPOUSE (NWS) with various fields for earnings, addresses, and program applications.

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

PART II - TO BE FILLED OUT BY SSS

Form section D containing administrative fields for BUSINESS CODE, MONTHLY SS CONTRIBUTION, START OF PAYMENT, WORKING SPOUSE'S MSC, APPROVED MSC, FLEXI-FUND APPLICATION, and RECEIVED BY/RECEIVED & PROCESSED BY stamps with signatures and dates.