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COV-01214 (09-2015)

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

SS NUMBER

06-4178422-2

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) PLENCI (FIRST NAME) MARANNE (MIDDLE NAME) CHRISTINE (SUFFIX) ICANINA		DATE OF BIRTH (MMDDYYYY) 04/01/2000	
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) (CITY, COUNTRY, if born outside the Philippines) TONDO MANILA	
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) TALABANAN		(HOUSE/LOT & BLK. NO.) PUROK 2	(STREET NAME) (SUBDIVISION) URBAN SAN JOSE
(BARANGAY/DISTRICT/LOCALITY) TALABANAN	(CITY/MUNICIPALITY) CEBU CITY	(PROVINCE) CEBU	(COUNTRY) PHILIPPINES
MOBILE/CELLPHONE NUMBER 09472782845	E-MAIL ADDRESS INPLENCI0401@YAHOO.COM	TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)	
FATHER (LAST NAME) PLENCI (FIRST NAME) MARCO (MIDDLE NAME) BANO (SUFFIX)	MOTHER'S MAIDEN NAME (LAST NAME) ICANINA (FIRST NAME) MA. ELVIE (MIDDLE NAME) ICANAPO (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.	

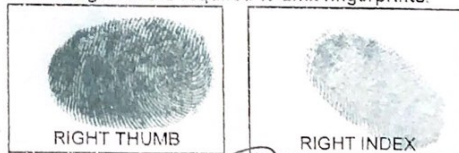
C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

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? <input type="checkbox"/> YES <input 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.



PRINTED NAME

SIGNATURE

DATE

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) RECEIVED 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	DATE 04 SEP 2018
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		