



COV-01199 (03-2015)

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

SS NUMBER
06-3757869-1

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) MINOZA (FIRST NAME) HANAH RUTH (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY) 11 25 1997
GENDER [ ] Male [X] Female CIVIL STATUS [X] Single [ ] Married [ ] Widowed [ ] Legally Separated [ ] Others
NATIONALITY FILIPINO RELIGION ROMAN CATHOLIC PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) CEBU CITY
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) F. JACA ST. TUGAS PARDO (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) PHILIPPINES ZIP CODE 6000
MOBILE/CELLPHONE NUMBER 0942 5570914 E-MAIL ADDRESS hanahruth.minoza TELEPHONE NUMBER (COUNTRY CODE+ AREACODE+ TEL NO.)
FATHER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) ANG DANIELO CABALLERO
MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) MINOZA ALMA BILOCURA

B. BENEFICIARY/IES
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 and 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 I agree with my spouse's membership with SSS. 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.)
PRINTED NAME MINOZA HANAH RUTH SIGNATURE DATE
Registrant is required to affix fingerprints. RIGHT THUMB LEFT INDEX

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE) WORKING SPOUSE'S MSC (FOR NWS) P
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P APPROVED MSC (FOR SE/OFW/NWS) P
START OF PAYMENT (FOR SE/NWS) FLEXI-FUND APPLICATION (FOR OFW) [ ] Approved [ ] Disapproved
RECEIVED BY REPRESENTATIVE OFFICE/PARTNER AGENT MEMBERS SERVICES SECTION NOV 05 2015 SIGNATURE OVER PRINTED NAME ANELYN M. SECUYA SR. CLERK, MSS-SSS TALISAY CITY BRANCH DATE & TIME
RECEIVED & PROCESSED BY MSS, BRANCH FOREIGN OFFICE TALISAY CITY BRANCH MEMBERS SERVICES SECTION NOV 05 2015 SIGNATURE OVER PRINTED NAME ANELYN M. SECUYA SR. CLERK, MSS-SSS TALISAY CITY BRANCH DATE & TIME

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