



Republic of the Philippines
SOCIAL SECURITY SYSTEM
MEMBER DATA CHANGE REQUEST

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 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 MEMBER

A. PERSONAL DATA

SS NUMBER: 0164162011580
COMMON REFERENCE NUMBER (IF ANY):
DATE OF BIRTH (MMDYYYY): 05262009
TAX IDENTIFICATION NUMBER (IF ANY):
NAME: GLORIA MA. JOVELITA GUARDANA
ADDRESS: (SUBDIVISION) TABOK (BARANGAY/DISTRICT/LOCALITY) MANDAVE (CITY/MUNICIPALITY) CEBU (PROVINCE)
TELEPHONE NUMBER (AREA CODE + TEL. NO.): 0919471911871915
MOBILE/CELLPHONE NUMBER:
E-MAIL ADDRESS: majstehaigloria@gmail.com

B. DATA CHANGE/CORRECTION/UPDATING

A. CHANGE OF MEMBERSHIP TYPE

FROM: Employed, Voluntary, Overseas Filipino Worker, Non-Working Spouse (NWS), Prior Registrant
TO: Self-Employed, Profession/Business, Year Profession/Business Started, Monthly Earnings (P)
TO (Option for Prior Registrant Only): Non-Working Spouse, Monthly Income of Working Spouse (P)
I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS.
SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE

B. CORRECTION OF NAME

FROM: Last Name, First Name, Middle Name, Prefix, Simple Error in Spelling of Name, Due to Re-marriage
TO:

C. CORRECTION OF DATE OF BIRTH

D. CORRECTION OF SEX

E. CHANGE OF CIVIL STATUS

(For Female members: Accomplish the FROM and TO portions, if also requesting for change of name)

FROM: Single to Married, Married to Legally Separated, Married to Widowed, Reversion from Married to Single
TO:

F. UPDATING OF CONTACT INFORMATION

FROM: Address, Telephone Number, E-mail Address, Mobile/Cellphone Number
TO:

G. UPDATING OF BANK INFORMATION

FROM: Bank Name, Bank Branch, Account Number, Benefits (Sickness/Maternity/Partial Disability), Loans, PESO Fund
TO:

H. UPDATING OF MEMBER RECORD STATUS (From "Temporary" to "Permanent") - please indicate submitted documents

PSA and Phil ID

I. UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box. If more than 3, use other page "Instructions" portion.)

Table with columns: NAME (LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX), RELATIONSHIP TO MEMBER, DATE OF BIRTH (MMDYYYY), and checkboxes for New/Additional or Deletion.

C. CERTIFICATION

SS NUMBER

0646201580

I certify that the information provided in this form are true and correct.

MA. JOUELHA G. IGOKIA

PRINTED NAME

J. Igokia
SIGNATURE

11/21/2023
DATE

If member cannot sign, affix fingerprints (please see Instruction no. 5).
Below are the witnesses to fingerprinting:

1) _____
PRINTED NAME SIGNATURE DATE

ADDRESS & CONTACT NUMBER _____

2) _____
PRINTED NAME SIGNATURE DATE

ADDRESS & CONTACT NUMBER _____

RIGHT THUMB

RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

For Change of Membership Type to
Self-Employed

Business Code _____
Approved MSC _____
Start of Payment _____
Monthly SS Contribution (P) _____

For Change of Membership Type to
Non-Working Spouse

Working Spouse's MSC _____
Approved MSC of NWS _____
Start of Payment _____
Monthly SS Contribution (P) _____

RECEIVED BY

Joggy Dumanda
SSS Mandana

21 NOV 2023

10:32

SIGNATURE OVER PRINTED NAME

DATE & TIME

BRANCH

PROCESSED BY

ENCODED BY

SIGNATURE OVER PRINTED NAME DATE & TIME

SIGNATURE OVER PRINTED NAME DATE & TIME

REVIEWED BY

APPROVED BY

SIGNATURE OVER PRINTED NAME DATE & TIME

SIGNATURE OVER PRINTED NAME DATE & TIME

INSTRUCTIONS

- Fill out this form in two (2) copies and submit to the nearest SSS branch office together with the required documents. Refer to the attached "List of Documentary Requirements for Member Data Change Request".
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- Present original copy and submit photocopy/ies of the following identification (ID) card/s in filing this form:
 - Filed by member
 - Social Security (SS) card or Unified Multi-Purpose ID (UMID) card or two (2) ID cards both with signature and one (1) with photo
 - Filed by employer or company representative or household employer
 - SS card or UMID card or two (2) ID cards of the **member**, both with signature and one (1) with photo; **and**
 - Additional ID card/s per type of filer
 - Company ID of the **employer-filer**, with signature and photo, if filed by employer
 - Specimen Signature Card (SS Form L-501) of the **company representative**, if filed by company representative
 - Two (2) ID cards of the **household employer-filer**, both with signature and one (1) with photo, if filed by household employer
- If member is requesting for updating of contact information (address, telephone number, e-mail address and mobile/cellphone number), indicate already under Part I-A of the form the new contact information.
- If member cannot sign, witnesses to fingerprinting shall be as follows:
 - Filed by member
 - SSS receiving personnel who shall affix his/her signature on the portion provided for in Part I-C.
 - Filed by employer or company representative or household employer
 - Two (2) witnesses. Both should affix their signatures and indicate their addresses and contact numbers on the portions provided for in Part I-C. One (1) witness is the member's employer or company representative or household employer himself and the other one (1) could be any person.
- If dependents/beneficiaries are more than three (3), please use space provided below.

UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box.)

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MMDYYYY)	
1.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
2.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
3.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
4.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
5.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion