SS NUMBER

SOCIAL SECURITY SYSTEM

PERSONAL RECORD

(Please Use Black Ink Only)

(Gumamit ng Itim na Tinta Lamang)

E-1

(Rev. 08/94)

SURNAME *(APELYIDO)*	GIVEN NAME *(PANGALAN)*	MIDDLE NAME *(GITNANG PANGALAN)*
PAEZ	KLAECHEE	GEOLIN

ADDRESS (NO. & STREET; CITY/TOWN & PROVINCE) *(TIRAHAN: BILANG AT KALYE, LUNGSOD/BAYAN AT LALAWIGAN)* — **POSTAL CODE**: 6010

SIDO TOONG PASAK SAN NICOLAS CEBU CITY

SEX *(KASARIAN)*: ☐ MALE *(LALAKI)* ☑ FEMALE *(BABAE)*

DATE OF BIRTH *(KAPANGANAKAN)* (m m d d y y): 0 9 0 1 9 2

CIVIL STATUS *(KATAYUANG SIBIL)*: ☑ SINGLE *(WALANG ASAWA)* ☐ MARRIED *(MAY ASAWA)* ☐ WIDOWED *(BALO)*

BENEFICIARIES *(MAKIKINABANG)*

SPOUSE *(ASAWA)*

FATHER *(AMA)*

MOTHER *(INA)*

CHILDREN *(MGA ANAK)*	DATE OF BIRTH *(KAPANGANAKAN)* (m m d d y y)
1	
2	
3	
4	
5	

OTHER BENEFICIARIES (IF WITHOUT SPOUSE, CHILD OR PARENT)
(IBANG MAKIKINABANG: KUNG WALANG ASAWA, ANAK O MAGULANG)

	NAME *(PANGALAN)*	RELATIONSHIP *(RELASYON)*
1		
2		
3		

THUMBMARK

LEFT *(KALIWA)* — RIGHT *(KANAN)*

I hereby certify that the above information are true and correct.
(Ako ay nagpapatunay na ang aking mga isinaad ay totoo at tama.)

Signature *(Lagda)*

PLEASE READ REMINDERS AT THE BACK *(BASAHIN ANG PAALALA SA LIKOD)*

CONSOLIDATED PAPER PRODUCTS, INC. TEL # 963-82-25 TO 32 FAX # 963-88-99