

(Copy for OCRG)

STATISTICS  
Municipal Form No. 102  
1999

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION



E-1

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

SS NUMBER

06-4019351-3

COV-01214 (09-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT [www.sss.gov.ph](http://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)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
Noquillo	Noly	Tondag		11/02/1991
SEX <input checked="" type="checkbox"/> Male <input 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)		
HOME ADDRESS (RM, FLR./UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)	
Binu-Cadulawan	Minglanilla	Cebu	Philippines	
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	(COUNTRY)	ZIP CODE 6000
MOBILE/CELLPHONE NUMBER 0923 85 159 6291	E-MAIL ADDRESS y1on142@gmail.com	TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)		
FATHER (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
	RECEIVED AS IS			
MOTHER'S MAIDEN NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
Noquillo				

**B. DEPENDENT(S)/BENEFICIARY/IES**

Check this box if using additional sheet.

SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILDREN (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
1. Tapaw	Vilma	Herbas		Guardian
2. Tapaw	Rudy	Parasom		Guardian
				DATE OF BIRTH (MMDDYYYY)
				019/10/1971
				11/24/1971

**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	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.

Noly T. Noquillo  
PRINTED NAME

*[Signature]*  
SIGNATURE

Aug. 22 2017  
DATE



**PART II - TO BE FILLED OUT BY SSS**

BUSINESS CODE FOR SE	WORKING SPOUSE 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) JUDIE ANN LLENILLAS 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) ANITA I A LABIAGA-BOU SSO III, Cebu MODINORTE SO SIGNATURE OVER PRINTED NAME DATE & TIME	
START OF PAYMENT FOR SE/NWS	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		