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COV-01214 (09-2015)

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

SS NUMBER

06-4833357-9

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)	NAME (FIRST NAME)	NAME (MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
Aricayos	Carie	Colonia		11/19/2010
SEX	CIVIL STATUS			TAX IDENTIFICATION NUMBER (IF ANY)
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others			
NATIONALITY	RELIGION	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines)		
Filipino	Roman Catholic	Davao City		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)
			Punk 2	
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	(COUNTRY)	ZIP CODE
Baratas	Carman	Cebu	Philippines	6006
MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)	
09925258102	aricayoscarie@gmail.com			
FATHER (LAST NAME)	FATHER (FIRST NAME)	FATHER (MIDDLE NAME)	FATHER (SUFFIX)	
Aricayos	Ronie	Colis		
MOTHER'S MAIDEN NAME (LAST NAME)	MOTHER'S MAIDEN NAME (FIRST NAME)	MOTHER'S MAIDEN NAME (MIDDLE NAME)	MOTHER'S MAIDEN NAME (SUFFIX)	
Colonia	Mila	Kringay		

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE (LAST NAME)	SPOUSE (FIRST NAME)	SPOUSE (MIDDLE NAME)	SPOUSE (SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILD/REN (LAST NAME)	CHILD/REN (FIRST NAME)	CHILD/REN (MIDDLE NAME)	CHILD/REN (SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1.				
2.				
3.				
4.				
5.				
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased) (LAST NAME)	OTHER BENEFICIARY/IES (FIRST NAME)	OTHER BENEFICIARY/IES (MIDDLE NAME)	OTHER BENEFICIARY/IES (SUFFIX)	RELATIONSHIP
1.				
2.				

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

SELF-EMPLOYED (SE) Profession/Business <u>Odd Job</u> Year Prof./Business Started <u>5/2024</u> Monthly Earnings P <u>4,000</u>	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. <input type="checkbox"/> YES <input type="checkbox"/> NO 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.

CARIE C. ARICAYOS
PRINTED NAME

[Signature]
SIGNATURE

May 3, 2024
DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS)	RECEIVED BY (REPRESENTATIVE OFFICE PARTNER AGENT)	RECEIVED & PROCESSED BY (MSS BRANCH SERVICE OFFICE/FOREIGN OFFICE)
0162	P		LONGBI, DINTAP 07 MAY 2024
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
P 570	P 4000		
START OF PAYMENT (FOR SE/OFW)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (MSS BRANCH SERVICE OFFICE)	DATE & TIME
5/2024	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	DOMILD A. MONTECILLA MSS BRANCH	07 MAY 2024 11:14