



COV-01199 (03-2015)

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

Annex A

SS NUMBER

06-3763688-9

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) <u>BOLIVAR</u>		(FIRST NAME) <u>MICAH GRACE</u>		(MIDDLE NAME) <u>BURGOS</u>	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) <u>08/31/1996</u>
GENDER <input type="checkbox"/> Male <input 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	CIVIL STATUS					TAX IDENTIFICATION NUMBER (IF ANY)
NATIONALITY <u>FILIPINO</u>	RELIGION <u>ROMAN CATHOLIC</u>	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) <u>CEBU CITY</u>				
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) <u>TAWAGAN 2</u>		(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)	(COUNTRY) <u>PHILIPPINES</u>	ZIP CODE <u>6000</u>
(BARANGAY/DISTRICT/LOCALITY) <u>SIRAO</u>	(CITY/MUNICIPALITY) <u>CEBU CITY</u>	(PROVINCE) <u>CEBU</u>				
MOBILE/CELLPHONE NUMBER <u>091770953</u>	E-MAIL ADDRESS	TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)				
FATHER (LAST NAME) <u>BOLIVAR</u>	(FIRST NAME) <u>EDILBERTO</u>	(MIDDLE NAME) <u>MILLATIA</u>	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)		
MOTHER'S MAIDEN NAME (LAST NAME) <u>BURGOS</u>	(FIRST NAME) <u>CAROLINA</u>	(MIDDLE NAME) <u>CAVAN</u>	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)		

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
1. <u>ROSALDO</u>	<u>MICHAEL</u>	<u>BOLIVAR</u>		<u>08/31/2001</u>
2.				
3.				
4.				
5.				
OTHER BENEFICIARY/IES (If without spouse and child and parents are both deceased)			RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1. (LAST NAME) _____	(FIRST NAME) _____	(MIDDLE NAME) _____	(SUFFIX) _____	
2.				

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

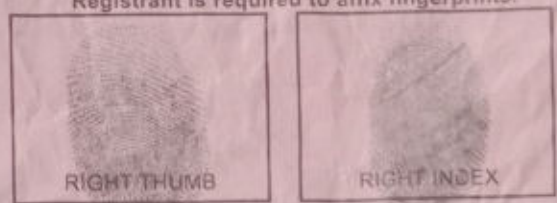
SELF-EMPLOYED (SE) Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings ₱ _____	OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____ Monthly Earnings ₱ _____ Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse _____ I agree with my spouse's membership with SSS. <input checked="" type="checkbox"/> 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.

MICAH GRACE B. BOLIVAR PRINTED NAME
Micah SIGNATURE
11/19/15 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/FOREIGN OFFICE)
<u>P</u>	<u>P</u>		
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME _____	SIGNATURE OVER PRINTED NAME _____ <u>KEVIN RICHARD P. DOMENTO</u>
<u>P</u>	<u>P</u>		
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	DATE & TIME _____	RECEIVED CERTIFICATE PRODUCTION OFFICIAL
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		

CONSOLIDATED PAPER PRODUCTS, INC. TEL. # 882-80-36 TO 37 FAX # 882-80-80