



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

06-42645360

SS NUMBER

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.
 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)	
DAELAN		KEVIN				05 23 20 00	
SEX	CIVIL STATUS			TAX IDENTIFICATION NUMBER (IF ANY)			
<input checked="" 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						
NATIONALITY	RELIGION	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines)					
PHILIPINO	ROMAN CATHOLIC	CEBU CITY					
HOME ADDRESS (RM FLR/UNIT NO & BLDG NAME)		(HOUSELOT & BLK. NO.)		(STREET NAME)		(SUBDIVISION)	
715A		CEBU		F. RACANA			
BARRANGAY/DISTRICT/LOCALITY		(CITY/MUNICIPALITY)		(PROVINCE)		(COUNTRY)	
TISA		CEBU		F. RACANA		PHILIPPINES	
ZIP CODE		6000					
MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS			TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)			
09 23 159 2564	kevin.daelan.co@gmail.com						
FATHER (LAST NAME)	FATHER (FIRST NAME)		(MIDDLE NAME)	(SUFFIX)	MOTHER'S MAIDEN NAME (LAST NAME)		
CONTADO	ARNEL				MAUTUBIG		

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 BENEFICIARIES (if without spouse & child and parents are both deceased) (LAST NAME)				RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)

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

SELF-EMPLOYED (SE) Profession/Business _____ Year Profit/Business Started _____ Monthly Earnings ₱ _____	OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____ Monthly Earnings ₱ _____	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

KEVIN DAELAN
 PRINTED NAME

[Signature]
 SIGNATURE

04/03/2019
 DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE & MSC (FOR NWS)	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (SSS BRANCH/SERVICE OFFICE/FOREIGN OFFICE)
	P		JOHN CARLO O. BARTOLIN RECEIVED CERTIFIED PHOTOCOPIED COPY OF _____ APR 02 2019
MONTHLY CONTRIBUTION (FOR SE/OFNWS)	APPROVED MSC (FOR SE/OFNWS)	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
P	P		
START OF PAYMENT (FOR OFW)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (SSS BRANCH/SERVICE OFFICE)	
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		

SIGNATURE OVER PRINTED NAME

DATE & TIME