Republic of the Philippines
SOCIAL SECURITY SYSTEM
REQUEST/VERIFICATION FORM

COV- 01205 (05-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK OR BLUE INK ONLY.

PART I - TO BE FILLED OUT BY MEMBER

A. MEMBER INFORMATION

SS NUMBER: 3 4 9 8 4 0 9 6 2 1 1
COMMON REFERENCE NUMBER:
DATE OF BIRTH (MMDDYYYY): 0 6 1 2 1 7 1 2 0 1 0 1 2
TAX IDENTIFICATION NUMBER (IF ANY):

NAME (LAST NAME): MARANGA (FIRST NAME): MARY (MIDDLE NAME): ANGELENE (SUFFIX): AMODIA

LOCAL ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME): MAHAYAHAY (HOUSE/LOT & BLK. NO.): SITIO BUGNAY (STREET NAME):

(SUBDIVISION): (BARANGAY/DISTRICT/LOCALITY): BRANGGAY CADULAWAN (CITY/MUNICIPALITY): TALISAY CITY (PROVINCE): CEBU ZIP CODE: 6 0 1 9 1 5

TELEPHONE NUMBER (AREA CODE + TEL. NO.):
MOBILE/CELLPHONE NUMBER: 0 9 1 9 1 5 1 5 6 6 2 4 4
E-MAIL ADDRESS: mmaranga-linksene@gmail.com
GENDER: ☐ MALE ☑ FEMALE

FOREIGN ADDRESS (IF APPLICABLE):
COUNTRY:
ZIP CODE:

TYPE OF MEMBERSHIP
☑ EMPLOYED ☐ VOLUNTARY ☐ SELF-EMPLOYED ☐ NON-WORKING SPOUSE ☐ OVERSEAS FILIPINO WORKER

B. TYPE OF TRANSACTION

☐ REQUEST
- ☐ Cancellation of Multiple SS Numbers, indicate the following information:
  - Civil Status
  - Maiden Name (if female)
  - Name of Father
  - Name of Mother
  - Name of Spouse
  - Name of Child/Children 1. 2. 3.
- ☐ Consolidation of Contributions (for members with multiple employers)
- ☐ Correction/Refund/Posting/Adjustment of Contributions
- ☐ Deletion of Entry in Employment History Record
- ☐ Encoding/Correction of Date of Coverage
- ☐ Manual Verification

Employment History (To be filled-out by member requesting for the above request/s) - Please use separate sheet if necessary

NAME OF EMPLOYER	ADDRESS	PERIOD OF EMPLOYMENT FROM (MMYYYY)	TO (MMYYYY)
1			
2			

- ☐ Certification of Membership/Non-Membership
- ☐ Copy of Membership Record/s (Record Type)
- ☐ Print-out of Computer Records (EE Static Information/Actual Premiums/Flexi-Fund Premiums/SSS P.E.S.O. Fund Premiums/Employment History/Claims Information)
- ☐ Others

☐ VERIFICATION
- ☐ Contribution (Indicate Period Covered)
- ☐ Date of Coverage
- ☐ Employer Number
- ☑ SS Number
- ☐ Flexi-Fund Premiums
- ☐ SSS P.E.S.O Fund Premiums
- ☐ Loan Balance
- ☐ Loans/Benefits Eligibility
- ☐ Status of:
  - ☐ Loan Application
  - ☐ Benefits Claim Application (sickness/maternity/EC/disability/retirement/death/funeral)
  - ☐ Application for UMID Card
  - ☐ Data Change Requested
- ☐ Others

C. CERTIFICATION

I certify that the information provided in this form are true and correct.

MARANGA, MARY ANGELENE AMODIA. (PRINTED NAME) (SIGNATURE) 11/10/22 (DATE)

D. AUTHORIZATION (To be filled out by member with authorized representative or company representative only)

I authorize Mr./Ms. _____ to request/verify the information requested above and/or sign documents necessary for the release of the result of the said request/verification.

PRINTED NAME & SIGNATURE OF MEMBER | DATE | PRINTED NAME & SIGNATURE OF AUTHORIZED REP. | DATE

PART I - TO BE FILLED OUT BY SSS

Reference for release of request/verification
☐ For Mailing ☐ For Pick-Up (indicate date & time)

Identification document/s presented by herein named authorized/co. representative:
☐ SS ☑ Two (2) valid IDs

---Perforate Here---

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ACKNOWLEDGEMENT STUB

COMMON REFERENCE NUMBER (IF ANY) NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

SIGNATURE OVER PRINTED NAME | POSITION TITLE | DATE & TIME | BRANCH