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SSS-012 (4 OF 2015)

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

SS NUMBER

06-42357988

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 FILING 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) <b>RODRIGUEZ</b>	FIRST NAME <b>KATE CRANTAL</b>	MIDDLE NAME	SUFFIX	DATE OF BIRTH (MM/DD/YYYY) <b>06/10/2010</b>
SEX <input type="checkbox"/> Male <input checked="" 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"/> Other	TAX IDENTIFICATION NUMBER (IF ANY)		
NATIONALITY <b>Filipino</b>	RELIGION <b>ROMAN CATHOLIC</b>	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) <b>CEBU CITY</b>	CITY, COUNTRY (If born outside the Philippines) <b>PHILIPPINES</b>	
HOME ADDRESS (MAILING AND NO. & BLDG. NAME) <b>Pardo</b>	(HOUSE NO. & BLDG. NO.) <b>210</b>	(STREET NAME) <b>Upper Lucimban Pardo</b>	(SUBDIVISION)	
(BANKING/INSTITUTION) <b>Pardo</b>	(CITY/MUNICIPALITY) <b>Cebu City</b>	(COUNTRY) <b>Philippines</b>	(ZIP CODE) <b>6000</b>	
MOBILE/CELLPHONE NUMBER <b>0966799999</b>	EMAIL ADDRESS <b>adrianathorane@gmail.com</b>	TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)		
FATHER (LAST NAME) <b>Tayonlongit</b>	(FIRST NAME) <b>ALFREDO</b>	(MIDDLE NAME)	(SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) <b>Rodriguez</b>	(FIRST NAME) <b>RHOEA</b>	(MIDDLE NAME) <b>(Chavez)</b>	(SUFFIX) <b>ARTAFITE</b>	

B. DEPENDENT(B) BENEFICIARY(IES)

Check this box if using additional sheet.

SPOUSE	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	DATE OF BIRTH (MM/DD/YYYY)	
CHILDREN	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	DATE OF BIRTH (MM/DD/YYYY)	
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	DATE OF BIRTH (MM/DD/YYYY)
1.	<b>RODRIGUEZ</b>	<b>RHOEA</b>	<b>ARTAFITE</b>		<b>MOTHER</b>	<b>10/15/1981</b>
2.						

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

<b>SELF-EMPLOYED (SE)</b> Profession/Business Year Prof./Business Started Monthly Earnings #	<b>OVERSEAS FILIPINO WORKER (OFW)</b> Foreign Address Monthly Earnings #	<b>NON-WORKING SPOUSE (NWS)</b> 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

**KATE CRANTAL RODRIGUEZ**  
PRINTED NAME

*Kate Crantal Rodriguez*  
SIGNATURE

**JANUARY 27, 2014**  
DATE



<b>BUSINESS CODE (FOR SE)</b>	<b>WORKING SPOUSE'S MSC (FOR NWS)</b>	<b>RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)</b>	<b>RELEASED &amp; ISSUED SERVICES OFFICE (NWS BRANCH/CEBU CITY BRANCH OFFICE)</b>
MONTHLY SS CONTRIBUTION (FOR SE/OFW)	APPROVED MSC (FOR SE/OFW)	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
START OF PAYMENT (FOR SE/OFW)	PLEAS-FUND APPLICATION (FOR OFW)	DATE & TIME	DATE & TIME
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			

**JAN 27 2014**

**JOLLY D. BELVESTRE**  
REGISTERED/CERTIFIED PHOTOGRAPHER OF OFFICIALS