



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

SS NUMBER  
**06-4037443-9**

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](http://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) <b>LABADORIAL</b>		(FIRST NAME) <b>MARK KENNETH</b>		(MIDDLE NAME) <b>MALINAO</b>	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) <b>01/16/1995</b>	
SEX <input checked="" type="checkbox"/> Male <input 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"/> Others				TAX IDENTIFICATION NUMBER (IF ANY)		
NATIONALITY <b>FILIPINO</b>	RELIGION <b>ROMAN CATHOLIC</b>		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) <b>CABREROS BARAS SAN NICOLAS CEBU CITY CEBU</b>				
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSELOT & BLK. NO.)	(STREET NAME)		(SUBDIVISION)		
<b>POBLACION 2</b>		<b>CARCAR CITY</b>	<b>P. BURGOS STREET</b>		<b>CEBU PHILIPPINES</b>		
MOBILE/CELLPHONE NUMBER <b>09055203674</b>		E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)		ZIP CODE <b>6019</b>	
FATHER (LAST NAME) <b>LABADORIAL</b>		(FIRST NAME) <b>BRYAN</b>		(MIDDLE NAME) <b>LARLO</b>	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) <b>MAUNIAO</b>		(FIRST NAME) <b>NOVELYN</b>		(MIDDLE NAME) <b>OREIPO</b>	(SUFFIX)		

**B. DEPENDENT(S)/BENEFICIARY/IES**

Check this box if using additional sheet.

SPOUSE (LAST NAME) <b>LABADORIAL</b>		(FIRST NAME)		(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
1. <b>LABADORIAL</b>		<b>JOHN RAY</b>		<b>MALINAO</b>		<b>07/26/1996</b>	
2.							
3.							
4.							
5.							
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)		(LAST NAME)		(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP
1. <b>LABADORIAL</b>		<b>JOHN RAY</b>		<b>MALINAO</b>		<b>BROTHER</b>	
2.							

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

SELF-EMPLOYED (SE) Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings P _____	OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____ Monthly Earnings P _____ 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 _____ 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**

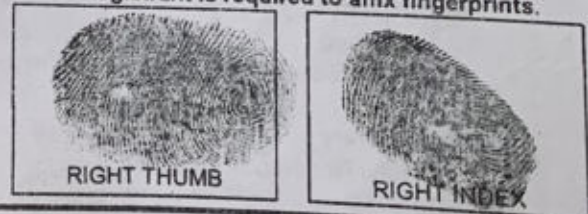
I certify that the information provided in this form are true and correct.  
 (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

**MARK KENNETH LABADORIAL**  
 PRINTED NAME

*[Signature]*  
 SIGNATURE

**16/10/2017**  
 DATE



**PART II - TO BE FILLED OUT BY SSS**

BUSINESS CODE (SE) _____ MONTHLY SS CONTRIBUTION (SE/OFW/NWS) P _____ TYPE OF PAYMENT (SE/NWS) _____	WORKING SPOUSE's MSC (FOR NWS) P _____ APPROVED MSC (FOR SE/OFW/NWS) P _____ FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) _____ SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____ REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) _____ SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	RECEIVED & PROCESSED BY BRANCH (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) <input type="checkbox"/> RECEIVED <input type="checkbox"/> ORIGINAL <input type="checkbox"/> REFILED <input checked="" type="checkbox"/> COMPARED W/ ORIGINAL / CERTIFIED TRUE COPY SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____ <b>16/10/17</b> DATE <b>JENIALYN M. GOZO</b> TIME <b>12:24</b>
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