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

SS NUMBER
726976023

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: Mercado FIRST NAME: Arles MIDDLE NAME: Tabuyan DATE OF BIRTH (MM/DD/YYYY): 06/21/1989

SEX: Male Female CIVIL STATUS: Single Married Widowed Legally Separated Others TAX IDENTIFICATION NUMBER (TIN): 3250707162

NATIONALITY: Filipino RELIGION: Roman Catholic PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE): Iloilo City (CITY, COUNTRY, if born outside the Philippines)

HOME ADDRESS: BRGY. BUYU-AN, Igbauan HOUSE NO. & SUITE NO.: Iloilo STREET NAME: SUBDIVISION: CEVUSP: 5021

MOBILE PHONE NUMBER: 09175031812 E-MAIL ADDRESS: volleyball62289@gmail.com TELEPHONE NUMBER COUNTRY CODE + AREA CODE + TEL. NO.:

FATHER: LAST NAME: Mercado FIRST NAME: Arturo MIDDLE NAME: Patriarca SUFFIX:

MOTHER'S MAIDEN NAME: LAST NAME: Tabuyan FIRST NAME: Elsa MIDDLE NAME: Tuminiaco SUFFIX:

B. DEPENDENT(S)/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. _____
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 Flex-Fund Program? YES 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

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.)
Arles Mercado March 17, 2024
PRINTED NAME DATE
RIGHT THUMB RIGHT INDEX
Registrant is required to affix fingerprints.

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE): WORKING SPOUSE'S MSC # OR NWS: RECEIVED BY (REFRESHING OFFICE/PARTNER AGENT): RECEIVED & PROCESSED BY (MSB BRANCH/SERVICE OFFICE/FOREIGN OFFICE):
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS): APPROVED MSC (FOR SE/OFW/NWS): SIGNATURE OVER PRINTED NAME DATE & TIME: SIGNATURE OVER PRINTED NAME DATE & TIME:
START OF PAYMENT (FOR SE/NWS): FLEX-FUND APPLICATION (FOR OFW): Approved Disapproved REVIEWED BY (MSB BRANCH/SERVICE OFFICE): SIGNATURE OVER PRINTED NAME DATE & TIME: