



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

SS NUMBER
06-4111005-8

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) LAPECEEROS		(FIRST NAME) IAN		(MIDDLE NAME) PALBAN	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 03 21 2010	
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) 2210 8716 3115		
NATIONALITY FILIPINO		RELIGION ROMAN CATHOLIC		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) SAN MIGUEL, KAPALONG, DAVAO DEL NORTE			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)	(STREET NAME)		(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) PAKIJAH		(CITY/MUNICIPALITY) MANDAUE CITY	(PROVINCE) CEBU	(COUNTRY) PHILIPPINES	ZIP CODE 6009		
MOBILE/CELLPHONE NUMBER 09752557502		E-MAIL ADDRESS lapceer21@gmail.com		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)			
FATHER (LAST NAME) ERAS LAPECEEROS		(FIRST NAME) ROLANDO		(MIDDLE NAME) CEZAR	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) PALBAN		(FIRST NAME) CRISTITA		(MIDDLE NAME) PARAGUNA	(SUFFIX)		

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet

SPOUSE (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
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	
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	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
Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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.

IAN P. LAPECEEROS
 PRINTED NAME

Lapeceer
 SIGNATURE

01-25-2018
 DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS) P	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED BY (MSS. BRANCH/OFFICE/FOREIGN OFFICE) RECEIVED
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME	CHELLE ANN D. PREGLO SB/ACTING JMSR
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	REVIEWED BY (MSS. BRANCH/SERVICE OFFICE)	DATE
		SIGNATURE OVER PRINTED NAME	DATE & TIME