E-1

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

SS NUMBER: 06-4050040-7

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED FROM THE SSS WEBSITE AT www.sss.gov.ph

READ THE INSTRUCTIONS AND REMARKS 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

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH (MM/DD/YYYY)
TEJANA	VENTURE	DUGMO	12 / 12 / 1958

SEX: ☐ Male ☑ Female

CIVIL STATUS: ☑ Single ☐ Married ☐ Widowed ☐ Legally Separated ☐ Others

TAX IDENTIFICATION NUMBER (TIN): | | | | | | | | | |

NATIONALITY: FILIPINO

RELIGION: ROMAN CATHOLIC

PLACE OF BIRTH (MUNICIPALITY, PROVINCE, COUNTRY, FOR PERSONS BORN IN THE PHILIPPINES): CAMOTOLA CLONE, CEBU

MOTHER'S MAIDEN NAME: CAMBISHAN

MOTHER'S LAST NAME: LAZILI

FATHER'S LAST NAME: CONSTANTINO

FATHER'S FIRST NAME: CEDRIK

PRESENT ADDRESS: [illegible] | PROVINCE: | COUNTRY: | ZIP CODE:

MOBILE TELEPHONE NUMBER: 09 [illegible]

EMAIL ADDRESS: venty.cebu@[illegible].com

TELEPHONE NUMBER (COUNTRY CODE - AREA CODE - TEL. NO.):

SPOUSE'S LAST NAME: TEJANA | SPOUSE'S FIRST NAME: ELIZA | SPOUSE'S MIDDLE NAME: [illegible] | SPOUSE'S BIRTHDATE:

FATHER'S LAST NAME: [illegible] DALIPE | FATHER'S FIRST NAME: JESUS | FATHER'S MIDDLE NAME: [illegible] | FATHER'S BIRTHDATE:

B. DEPENDENTS/BENEFICIARIES

☐ Check this box if using additional sheet

	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	DATE OF BIRTH (MM/DD/YYYY)
SPOUSE					
CHILDREN 1					
2					
3					
4					
5					
PARENTS (without income & other sources of income are also considered) 1					
2					

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

SELF-EMPLOYED (SE)
Profession/Business:
Year First Business Started:
Monthly Earnings: ₱

OVERSEAS FILIPINO WORKER (OFW)
Foreign Address:
Monthly Earnings: ₱
Are you applying for membership in the Flexi-fund Program? ☐ Yes ☐ No

NON-WORKING SPOUSE (NWS)
SSS No./Common Reference No. of Working Spouse:
Monthly Income of Working Spouse (₱):
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 legible and clear enough, affix thumbprint in the presence of an SSS personnel)

Registrant is required to affix fingerprints

VENTURE TEJANA — PRINTED NAME | [signature] — SIGNATURE | [illegible] — DATE

PART II - TO BE FILLED OUT BY SSS

SUBMITTED BY: PLACE | WORKING SPOUSE'S SSS NO. FOR NWS: | RECEIVED BY (NAME BRANCH/DIVISION/DEPT.): | RECEIVED & PROCESSED BY (NAME BRANCH/DIVISION/DEPT. OR FOREIGN OFFICE): MALATE LIST AND FILE 15 NOV 2017

MONTHLY CONTRIBUTION (FOR EMPLOYED): | UNPAID SSC FOR NON-WORKING: | SIGNATURE OVER PRINTED NAME | DATE & TIME | SIGNATURE OVER PRINTED NAME | DATE & TIME

TYPE OF PAYMENT (FOR NEW): | FLEXI-FUND APPLICATION (FOR OFW): ☐ Approved ☐ Disapproved | REVIEWED BY (NAME BRANCH/DIVISION/DEPT.): | SIGNATURE OVER PRINTED NAME | DATE & TIME