



COV-01214 (09-2015)

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

SS NUMBER

06-3953041-7

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) ANGANA (FIRST NAME) FAITH ALEXIS (MIDDLE NAME) ARELLANO (SUFFIX) DATE OF BIRTH (MMDDYYYY) 07/13/1999
SEX: Male [], Female [x] CIVIL STATUS: Single [x], Married [], Widowed [], Legally Separated [], Others []
NATIONALITY: FILIPINO RELIGION: CHRISTIAN PLACE OF BIRTH: CEBU CITY
HOME ADDRESS: 200-15 N. ESCARDO ST. CEBU CITY CEBU PHILS. 6000
MOBILE/CELLPHONE NUMBER: 09194298270 E-MAIL ADDRESS: TELEPHONE NUMBER:
FATHER: ANGANA ALBERT CATUBIG
MOTHER'S MAIDEN NAME: ARELLANO FAITH MAMORTE

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: 1. 2. 3. 4. 5.
OTHER BENEFICIARY/IES: 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 Flexi-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.)

Registrant is required to affix fingerprints.

RIGHT THUMB, RIGHT INDEX

FAITH ALEXIS A. ANGANA PRINTED NAME

[Signature] SIGNATURE

APRIL 2, 2013 DATE

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE) WORKING SPOUSE'S MSC (FOR NWS) RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) APPROVED MSC (FOR SE/OFW/NWS) SIGNATURE OVER PRINTED NAME DATE & TIME
START OF PAYMENT (FOR SE/NWS) FLEXI-FUND APPLICATION (FOR OFW) [] Approved [] Disapproved SIGNATURE OVER PRINTED NAME DATE & TIME