

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

ADDITIONAL(S) SUBMITTER
SS NUMBER
06-4241847-4

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.
READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTER
PENCIL ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

(LAST NAME) GETARUELAS		(FIRST NAME) JOHN		(MIDDLE NAME) TORIAS	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 04/12/19	
<input type="checkbox"/> Female <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others		RELIGION ROMAN CATHOLIC		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) DASAY CITY		TAX IDENTIFICATION NUMBER	
ADDRESS 1 TAY TAY		(CITY/MUNICIPALITY) TORO		(HOUSE/LOT & BLK. NO.) BADIAN	(STREET NAME)	(SUBDIVISION)	
CITY/DISTRICT/LOCALITY BADIAN		(PROVINCE) CEBU		(COUNTRY) PHILIPPINES		ZIP CODE	
TELEPHONE NUMBER 8344936		E-MAIL ADDRESS jcangetaruela@yahoo.com		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ T)			
(LAST NAME) GETARUELAS	(FIRST NAME) GODFREDO	(MIDDLE NAME) VEBERO	(SUFFIX)				
(LAST NAME) TORIAS	(FIRST NAME) FLORDELIZA	(MIDDLE NAME) FLORES	(SUFFIX)				

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional

(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
BENEFICIARY/IES (If without spouse & child and parents are both deceased)				RELATIONSHIP
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
GETARUELAS	FLORDELIZA	TORIAS		01/13/19
GETARUELAS	GODFREDO	VEBERO		01/13/19


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

EMPLOYED (SE) Occupation/Business	OVERSEAS FILIPINO WORKER (OFW) Foreign Address	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse
Prof./Business Started	Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	Monthly Income of Working Spouse (P) I agree with my spouse's membership with SSS
Monthly Earnings	Monthly Earnings	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.)


JOHN T. GETARUELAS
PRINTED NAME


SIGNATURE

FEB 12, 2019
DATE

Registrant is required to affix fingerprints

 RIGHT THUMB

 RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

MODE	WORKING SPOUSE's MSC (FOR NWS) P	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) SIGNATURE OVER PRINTED NAME DATE & TIME	SSS CEBU BRANCH / MSS RECEIVED & PROCESSED BY (MSS BRANCH/SERVICE OFFICE) 2019 JE-ANN B. LISONDRA RECEIVED CERTIFIED PHOTOCOPIY OF ORIGINAL SIGNATURE OVER PRINTED NAME DATE
CONTRIBUTION (NWS)	APPROVED MSC (FOR SE/OFW/NWS) P	REVIEWED BY (MSS BRANCH/SERVICE OFFICE) SIGNATURE OVER PRINTED NAME DATE & TIME	
PAYMENT	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		