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COV-01214 (09-2015)

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

SS NUMBER

06-4122455-9

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED FROM THE SSS WEBSITE AT www.sss.gov.ph
PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. 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)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		DATE OF BIRTH (MM/DD/YYYY)	
OMBOY		JENNY		LANGONEZ		01/01/1995	
SEX	CIVIL STATUS			TAX IDENTIFICATION NUMBER (IF ANY)			
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others						
NATIONALITY	RELIGION		PLACE OF BIRTH (CITY/MUNICIPALITY/PROVINCE) (CITY, OTHER, if born outside the Philippines)				
FILIPINO	ROMAN CATHOLIC		MALALAY RONDA, CEBU				
HOME ADDRESS (RM./FLR/UNIT NO. & BLDG. NAME)		HOUSELOT & BLDG. NO.		STREET NAME		CITY/TOWN/VILLAGE	
BARANGAY/DISTRICT/LOCALITY		CITY/MUNICIPALITY		PROVINCE		COUNTRY	
LACIN		RONDA		CEBU		PHILIPPINES	
MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)			
0926 3016 435		omboyjenjy8@gmail.com					
FATHER (LAST NAME)		FATHER (FIRST NAME)		FATHER (MIDDLE NAME)		FATHER (SUFFIX)	
LANGONEZ		PAULINO		ONEZ			
MOTHER'S MAIDEN NAME (LAST NAME)		MOTHER'S MAIDEN NAME (FIRST NAME)		MOTHER'S MAIDEN NAME (MIDDLE NAME)		MOTHER'S MAIDEN NAME (SUFFIX)	
REMOTIGME		MATEA		ALBARRA			

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet

SPOUSE (LAST NAME)		SPOUSE (FIRST NAME)		SPOUSE (MIDDLE NAME)		SPOUSE (SUFFIX)		DATE OF BIRTH (MM/DD/YYYY)	
OMBOY		SAMSON		TORRES		JUNIOR		01/17/1987	
CHILD/REN (LAST NAME)		CHILD/REN (FIRST NAME)		CHILD/REN (MIDDLE NAME)		CHILD/REN (SUFFIX)		DATE OF BIRTH (MM/DD/YYYY)	
1. OMBOY		JESON VINCENT		LANGONEZ				03/24/2013	
2.									
3.									
4.									
5.									
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased) (LAST NAME)		OTHER BENEFICIARY/IES (FIRST NAME)		OTHER BENEFICIARY/IES (MIDDLE NAME)		OTHER BENEFICIARY/IES (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. <input type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____	
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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



JENNY L. OMBOY
PRINTED NAME

Jenny L. Omboy
SIGNATURE

05-04-16
DATE

PART II - TO BE FILLED OUT BY SSS

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

SOCIAL SECURITY SYSTEM
MEMBERS SERVICES SECTION
CEBU CITY BRANCH

MAY 14 2016

NIÑO L. MAGALLON
PHOTOGRAPHY OF REGISTRANT
DATE & TIME