



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

NO DOCUMENT/S SUBMITTED

06-4273724-9
 SS NUMBER

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) QUIROS	(FIRST NAME) JEHON JAMEL	(MIDDLE NAME) LAWAS	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 012 01 210 011
SEX <input type="checkbox"/> Male <input checked="" 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) NA NA
NATIONALITY MILIPINO	RELIGION ROMAN CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) DANAO CITY, CEBU		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG NAME) N-A		(HOUSE/LOT & BLK. NO.) N-A	(STREET NAME) CANLINGO	(SUBDIVISION) N-A
(BARANGAY/DISTRICT/LOCALITY) SABANG	(CITY/MUNICIPALITY) DANAO	(PROVINCE) CEBU	(COUNTRY) PHILIPPINES	ZIP CODE 6004
MOBILE/CELLPHONE NUMBER 0930904014	E-MAIL ADDRESS jehonquiroso2001@gmail.com		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) N-A	
FATHER (LAST NAME) QUIROS	(FIRST NAME) JEMILDO JOSE (JEHON)	(MIDDLE NAME) JEMAY K.	(SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) LAWAS	(FIRST NAME) NIDA	(MIDDLE NAME) AGUILAR	(SUFFIX)	

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE (LAST NAME) N-A	(FIRST NAME) N-A	(MIDDLE NAME) N-A	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILD/REN (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1. N-A	N-A	N-A	N-A	
2. N-A	N-A	N-A	N-A	
3. N-A	N-A	N-A	N-A	
4. N-A	N-A	N-A	N-A	
5. N-A	N-A	N-A	N-A	
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased) (LAST NAME) QUIROS		(FIRST NAME) JEMILDO JOSE (JEHON)	(MIDDLE NAME) JEMAY K.	(SUFFIX)
1. LAWAS	NIDA	AGUILAR	ALMADEN	FATHER
2. LAWAS	NIDA	AGUILAR	ALMADEN	MOTHER
				DATE OF BIRTH (MMDDYYYY) 1110 21 19 63
				09 15 19 64

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

SELF-EMPLOYED (SE) Profession/Business N-A Year Prof./Business Started N-A Monthly Earnings P N-A	OVERSEAS FILIPINO WORKER (OFW) Foreign Address N-A Monthly Earnings P N-A	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse N-A Monthly Income of Working Spouse (P) N-A I agree with my spouse's membership with SSS. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE
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D. CERTIFICATION

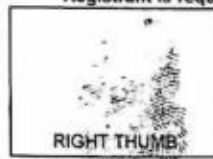
I certify that the information provided in this form are true and correct.
 (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

JEHON JAMEL QUIROS
 PRINTED NAME

[Signature]
 SIGNATURE

04-16-19
 DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE) P	WORKING SPOUSE'S MSC (FOR NWS) P	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) [Signature]	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) CELO G. MANCINO
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME [Signature]	DATE & TIME APR 16 2019
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) [Signature]	SIGNATURE OVER PRINTED NAME [Signature]
		DATE & TIME	DATE & TIME