



COV-01205 (05-2015)

Republic of the Philippines SOCIAL SECURITY SYSTEM REQUEST/VERIFICATION FORM

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK OR BLUE INK ONLY.

PART I - TO BE FILLED OUT BY MEMBER

A. MEMBER INFORMATION

SS NUMBER 0638128309	COMMON REFERENCE NUMBER	DATE OF BIRTH (MM/DD/YYYY) 19/11/1997	TAX IDENTIFICATION NUMBER (IF ANY)
NAME (LAST NAME) MATIAS	(FIRST NAME) JOHN PAUL	(MIDDLE NAME) VILLALON	(SUFFIX)
LOCAL ADDRESS (SUBDIVISION) VILCA	(RM./FLR./UNIT NO. & BLDG. NAME) (BARANGAY/DISTRICT/LOCALITY) KALUBIHAN BASAK SAN NICOLAS	(HOUSE/LOT & BLK. NO.) (CITY/MUNICIPALITY) CEBU CITY	(STREET NAME) (PROVINCE) CEBU
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER 091231149103103	E-MAIL ADDRESS jaypeematias@gmail.com	ZIP CODE 6101010
FOREIGN ADDRESS (IF APPLICABLE)	COUNTRY	GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
TYPE OF MEMBERSHIP <input checked="" type="checkbox"/> EMPLOYED <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> OVERSEAS FILIPINO WORKER			

B. TYPE OF TRANSACTION

REQUEST

Cancellation of Multiple SS Numbers, indicate the following information:

Civil Status	_____	Name of Spouse	_____
Maiden Name (if female)	_____	Name of Child/Children	1. _____
Name of Father	_____		2. _____
Name of Mother	_____		3. _____

Consolidation of Contributions (for members with multiple employers)

Correction/Refund/Posting/Adjustment of Contributions

Deletion of Entry in Employment History Record

Encoding/Correction of Date of Coverage

Manual Verification

Employment History (To be filled-out by member requesting for the above request/s) - Please use separate sheet if necessary

	NAME OF EMPLOYER	ADDRESS	PERIOD OF EMPLOYMENT	
			FROM (MM/YYYY)	TO (MM/YYYY)
1.				
2.				

Certification of Membership/Non-Membership

Copy of Membership Record/s _____ (Record Type)

Print-out of Computer Records (EE Static Information/Actual Premiums/Flexi-Fund Premium SSS P.E.S.O. Fund Premiums/Employment History/Claims Information)

Others _____

VERIFICATION

<input type="checkbox"/> Contribution (Indicate Period Covered) _____	<input type="checkbox"/> Loans/Benefits Eligibility
<input type="checkbox"/> Date of Coverage _____	<input type="checkbox"/> Status of
<input type="checkbox"/> Employer Number 0638128309	<input type="checkbox"/> Loan Application
<input checked="" type="checkbox"/> SS Number	<input type="checkbox"/> Benefits Claim Application (sickness/maternity/EC/disability/retirement/death/funeral)
<input type="checkbox"/> Flexi-Fund Premiums	<input type="checkbox"/> Application for UMID Card
<input type="checkbox"/> SSS P.E.S.O. Fund Premiums	<input type="checkbox"/> Data Change Requested
<input type="checkbox"/> Loan Balance	<input type="checkbox"/> Others _____

C. CERTIFICATION

I certify that the information provided in this form are true and correct.

JOHN PAUL V. MATIAS
PRINTED NAME

[Signature]
SIGNATURE

7/4/19
DATE

D. AUTHORIZATION (To be filled out by member with authorized representative or company representative only)

I authorize Mr./Ms. _____ to request/verify the information requested above and/or documents necessary for the release of the result of the said request/verification.

PRINTED NAME & SIGNATURE OF MEMBER

DATE

PRINTED NAME & SIGNATURE OF AUTHORIZED REP.

DATE

PART I - TO BE FILLED OUT BY SSS

Preference for release of request/verification <input type="checkbox"/> For Mailing <input type="checkbox"/> For Pick-up (indicate date & time)	Identification document/s presented by herein named authorized/co. representative <input type="checkbox"/> SS <input type="checkbox"/> Two (2) valid IDs
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Perforate Here



Republic of the Philippines SOCIAL SECURITY SYSTEM REQUEST/VERIFICATION FORM ACKNOWLEDGEMENT STUB

SS NUMBER/COMMON REFERENCE NUMBER (IF ANY)	NAME (LAST NAME) MATIAS	(FIRST NAME) JOHN PAUL	(MIDDLE NAME) VILLALON	(SUFFIX)
RECEIVED BY JOHN PAUL V. MATIAS SIGNATURE OVER PRINTED NAME	CSR POSITION TITLE	7/4/19 - 7:07pm DATE & TIME	BRANCH	