





Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
 SS NUMBER SLIP

SS Number: 06-4356357-7  
 YOSORES, MICHAELA CRISELDA  
 Birthdate: 06/04/1999



1.					
2.					
<b>C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE</b>					
<b>SELF-EMPLOYED (SE)</b> Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings ₱ _____		<b>OVERSEAS FILIPINO WORKER (OFW)</b> Foreign Address _____ Monthly Earnings ₱ _____ Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>NON-WORKING SPOUSE (NWS)</b> 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 _____	
<b>D. CERTIFICATION</b>					
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.)				<b>Registrant is required to affix fingerprints</b>	
Michaela Criselda Yosores PRINTED NAME		[Signature] SIGNATURE		Sept-10, 2019 DATE	
				 RIGHT THUMB  RIGHT INDEX	
<b>PART II - TO BE FILLED OUT BY SSS</b>					
<b>BUSINESS CODE (FOR SE)</b>		<b>WORKING SPOUSE'S MSC (FOR NWS)</b> P		<b>SOCIAL SECURITY SYSTEM</b> RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FORIGN OFFICE)	
<b>MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)</b> P		<b>APPROVED MSC (FOR SE/OFW/NWS)</b> P		RECEIVED BY _____ SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____ SEP 10 2019 JENIALYN M. GOZO RECEIVED CERTIFIED PHOTOCOPY OF ORIGINAL DATE & TIME _____	
<b>START OF PAYMENT (FOR SE/NWS)</b>		<b>FLEXI-FUND APPLICATION (FOR OFW)</b> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		REVIEWED BY _____ (MSS, BRANCH/SERVICE OFFICE) SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	