



COV-01214 (09-2015)

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

SS NUMBER  
06-4055111-3

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) <b>DELOS REYES</b>		NAME (FIRST NAME) <b>JEANJIE</b>		NAME (MIDDLE NAME) <b>ANOG</b>		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY) <b>12221993</b>	
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		CIVIL STATUS <input 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) <b>1234</b>			
NATIONALITY <b>FILIPINO</b>		RELIGION <b>ROMAN CATHOLIC</b>		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) <b>LITMON, POBLACION, TALISAY CITY CEBU</b>		(CITY, COUNTRY, if born outside the Philippines)			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)			(HOUSE/LOT & BLK. NO.)		(STREET NAME)		(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) <b>POBLACION</b>		(CITY/MUNICIPALITY) <b>TALISAY CITY</b>		(PROVINCE) <b>CEBU</b>		(COUNTRY) <b>PHILIPPINES</b>		ZIP CODE <b>6011</b>	
MOBILE/CELLPHONE NUMBER <b>0933-075 2572</b>		E-MAIL ADDRESS <b>jeanjie-sakura123@yahoo.com</b>			TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)				
FATHER (LAST NAME) <b>BELANGCOY</b>		FATHER (FIRST NAME) <b>ROGELIO</b>		FATHER (MIDDLE NAME) <b>GASALATAN</b>		FATHER (SUFFIX) <b>JR.</b>			
MOTHER'S MAIDEN NAME (LAST NAME) <b>DELOS REYES</b>		MOTHER'S MAIDEN NAME (FIRST NAME) <b>JEANNITER</b>		MOTHER'S MAIDEN NAME (MIDDLE NAME) <b>ANOG</b>		MOTHER'S MAIDEN NAME (SUFFIX)			

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 (MMDDYYYY)	
CHILD/REN (LAST NAME)		CHILD/REN (FIRST NAME)		CHILD/REN (MIDDLE NAME)		CHILD/REN (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
1.									
2.									
3.									
4.									
5.									
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased)				RELATIONSHIP		DATE OF BIRTH (MMDDYYYY)			
1. (LAST NAME)		1. (FIRST NAME)		1. (MIDDLE NAME)		1. (SUFFIX)		1.	
2.									

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

<b>SELF-EMPLOYED (SE)</b> Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____ P		<b>OVERSEAS FILIPINO WORKER (OFW)</b> Foreign Address _____ Monthly Earnings _____ P		<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 _____	
Are you applying for membership in the Flexi-Fund Program?				<input type="checkbox"/> YES <input type="checkbox"/> NO	

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.

**JEANJIE ANOG DELOS REYES**

**11-29-17**

PRINTED NAME

SIGNATURE

DATE



RIGHT THUMB



RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE's MSC (FOR NWS) P	RECEIVED BY (REPRESENTATIVE OFFICE SERVICE OFFICE) <b>SSS Talisay Branch</b> Received / Refiled Original / Certified True Copy (CTC) SIGNATURE _____ DATE & TIME _____	RECEIVED & PROCESSED BY (MSS, BRANCH OFFICE OR FOREIGN OFFICE) <b>SSS Talisay Branch</b> Received / Refiled Original / Certified True Copy (CTC) SIGNATURE _____ DATE & TIME _____
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) <b>MARC JOSEPH C. LAPINID</b> Date and Time _____	<b>MARC JOSEPH C. LAPINID</b> Date and Time _____
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		