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COV-01214 (09-2015)

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

SS NUMBER

06-4154107-0

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 FILING 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)		FIRST NAME		MIDDLE NAME	SUFFIX	DATE OF BIRTH (MMDDYYYY)	
MONTER		SHYRA MAE		REQUIRME		11/20/1998	
SEX	CIVIL STATUS					TAX IDENTIFICATION NUMBER (if any)	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Single <input 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, COUNTRY, if born outside the Philippines)					
FILIPINO	MCGI	DEL PILAR CABADARAN CITY AGUSAN DEL NORTE					
HOME ADDRESS (RM./FLR/UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)		(STREET NAME)		(SUBDIVISION)	
SUBA BARAC		LAPU-LAPU CITY		LAPU		PHILIPPINES 6016	
(BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY)		(PROVINCE)		(COUNTRY) ZIP CODE	
MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)			
09327191192		SHYRMONTER@YAHOO.COM		032 384 6334			
FATHER	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)		
	MONTER	RAPON	MANTILLA				
MOTHER'S MAIDEN NAME	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)		
	REQUIRME	TE	CAGAC				

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILDREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
1	N/A					
2						
3						
4						
5						
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1.	ANDUCAL	SHYA VIVMARAH	MONTER		NIECE	01/21/2013
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 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

SHYRA MAE R. MONTER
PRINTED NAME

SIGNATURE

07/2/18
DATE

RIGHT THUMB

RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

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

JUL 9 2018
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JUDIE C. CENTILLAS
RECEIVED AT SSS PHOTO COPY OF ORIGINAL