



COV-01214 (09-2015)

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

SS NUMBER  
**06-4182524-6**

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>LEDUNA</b>		NAME (FIRST NAME) <b>RYAN CHRISTOPHER</b>		NAME (MIDDLE NAME) <b>SUMALINOG</b>		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY) <b>10/05/1997</b>	
SEX <input checked="" type="checkbox"/> Male <input 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)					
NATIONALITY		RELIGION		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines)					

STREET NAME (SUBDIVISION)  
**DEL WATE**

(CITY, COUNTRY, if born outside the Philippines)  
**SIBUWAL**

ZIP CODE

TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)

(MIDDLE NAME) (SUFFIX)  
**REMIAS**

(MIDDLE NAME) (SUFFIX)  
**REPOMINA**

RECEIVED  Check this box if using additional sheet.

(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
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Republic of the Philippines  
SOCIAL SECURITY SYSTEM  
SS NUMBER SLIP

SS Number: 06-4182524-6  
LEDUNA, RYAN CHRISTOPHER  
SUMALINOG  
Birthdate: 10/05/1997



INDEX  
CE/IN  
TE & TIME

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

<b>SELF-EMPLOYED (SE)</b> Profession/Business Year Prof./Business Started Monthly Earnings <b>P</b>	<b>OVERSEAS FILIPINO WORKER (OFW)</b> Foreign Address Monthly Earnings <b>P</b> 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
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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.

RYAN CHRISTOPHER S. LEDUNA  
PRINTED NAME SIGNATURE

SEP 12 2018  
DATE



**PART II - TO BE FILLED OUT BY SSS**

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS) <b>P</b>	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) SIGNATURE OVER PRINTED NAME DATE & TIME	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) MEMBERS S SIGNATURE OVER PRINTED NAME DATE & TIME
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) <b>P</b>	APPROVED MSC (FOR SE/OFW/NWS) <b>P</b>	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) SIGNATURE OVER PRINTED NAME DATE & TIME	JULIE P. BENTILLAS RECEIVED VERIFIED PHOTOCOPY OF ORIGINAL DATE & TIME
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	SIGNATURE OVER PRINTED NAME DATE & TIME	