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COV-01214 (09-2015)

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

SS NUMBER

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) MACATAG (FIRST NAME) IRISH (MIDDLE NAME) SOMBILON (SUFFIX)		DATE OF BIRTH (MMDDYYYY) 08/13/2000
SEX: <input type="checkbox"/> Male <input checked="" 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	
NATIONALITY FILIPINO	RELIGION IGLESIA NI CRISTO	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) MASBARANON, ESPERANZA, MASBATE (SUBDIVISION)
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME)		ZIP CODE 5407
(BARANGAY/DISTRICT/LOCALITY) SANTO	(CITY/MUNICIPALITY) ESPERANZA	(PROVINCE) MASBATE
MOBILE/CELLPHONE NUMBER 09350891783	E-MAIL ADDRESS Irishmacatag@gmail.com	TEL EPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)
FATHER (LAST NAME) MACATAG (FIRST NAME) RAGLE (MIDDLE NAME) MONTERO (SUFFIX)	MOTHER'S MAIDEN NAME (LAST NAME) SOMBILON (FIRST NAME) PEPLA (MIDDLE NAME) VILLA NUENA (SUFFIX)	

B. DEPENDENT(S)/BENEFICIARY/IES Check this box if using additional sheet.

SPOUSE (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILD/REN (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1.	
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.	
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 (DFW) 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 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.)

IRISH S. MACATAG
 PRINTED NAME

Irish S. Macatag
 SIGNATURE

07-19-19
 DATE

Registrant is required to affix fingerprints.



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS) P	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)
MONTHLY SS CONTRIBUTION (FOR SE/DFW/NWS) P	APPROVED MSC (FOR SE/DFW/NWS) P	SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	<input checked="" type="checkbox"/> Completed <input checked="" type="checkbox"/> Received 270 JUL 19 2019
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR DFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)	SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____