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COV-01214 (09-2015)

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

SS NUMBER
06-4299891-0

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 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) AUREO		(FIRST NAME) JED FRANCE		(MIDDLE NAME) DELIT	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 11/20/1972/10/10
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 FILIPINO	RELIGION ROMAN CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) BALUD, SAN FERNANDO, CEBU				
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) BALUD	(CITY/MUNICIPALITY) SAN FERNANDO	(PROVINCE) CEBU	(COUNTRY) PHILIPPINES	ZIP CODE 6018		
MOBILE/CELLPHONE NUMBER 09331055594	E-MAIL ADDRESS JEDFRANCEAUREO@GMAIL.COM	TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)				
FATHER (LAST NAME) GONZALES	(FIRST NAME) JED	(MIDDLE NAME)	(SUFFIX)			
MOTHER'S MAIDEN NAME (LAST NAME) AUREO	(FIRST NAME) JERAMIE	(MIDDLE NAME) DELIT	(SUFFIX)			

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE (LAST NAME) AUREO	(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) AMELIA SARUCAM	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP GUARDIAN	DATE OF BIRTH (MMDDYYYY)
RODOLFO SARUCAM				GUARDIAN	

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. _____ 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.

JED FRANCE AUREO
PRINTED NAME

SIGNATURE

MAY 31, 2019
DATE



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/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	Original / Certified True Copy (CTC) _____ Comparadw/Original _____ SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____
START OF PAYMENT	FLEXI-FUND APPLICATION	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)	MARIA YDITA D. ABENIO