

**E-1**

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

SS NUMBER

06-4259517-2

GGV-01214 (9-2018)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED FROM 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) FILLONE (FIRST NAME) DHENZEL JANE (MIDDLE NAME)	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	SUFFIX	DATE OF BIRTH (mm/yyyy) 01/06/2001	TAX IDENTIFICATION NUMBER (if any)
NATIONALITY PHIL	RELIGION ROMAN CATHOLIC	PLACE OF BIRTH (CITY/TOWN/MUNICIPALITY, PROVINCE)	CITY, COUNTRY (Floor inside the Philippines) CEBU CITY		
HOME ADDRESS (No. P.O. Unit & Block Name) 1088-A SAN MIGUEL STREET (House/Unit & Sta. No.) CEBU CITY (Street Name) (Subdivision)	MOBILE/CELLPHONE NUMBER (Area Code) 0917350100	IS MAIL ADDRESS PHILIPS JESS @ SSS - CO	TELEPHONE NUMBER (Country Code - Area Code - Tel. No.) PHIL 6000		
FATHER (LAST NAME) APUYA (FIRST NAME) RIO (MIDDLE NAME) FRANZUELA (SUFFIX)	MOTHER'S MARDEN NAME (LAST NAME) FILLONE (FIRST NAME) SALOME (MIDDLE NAME) PUDANTE (SUFFIX)				

B. DEPENDENT(S)/BENEFICIARY(IES)

SPOUSE (LAST NAME) NA (FIRST NAME) NA (MIDDLE NAME) NA (SUFFIX) NA	DATE OF BIRTH (mm/yyyy)	Check the box if using additional sheet	
CHILDREN	DATE OF BIRTH (mm/yyyy)		
1. (LAST NAME) NA (FIRST NAME) NA (MIDDLE NAME) NA (SUFFIX) NA			
2.			
3.			
4.			
5.			
OTHER BENEFICIARIES (if without spouse & child and parents are both deceased) (LAST NAME) NA (FIRST NAME) NA (MIDDLE NAME) NA (SUFFIX) NA	RELATIONSHIP NA	DATE OF BIRTH (mm/yyyy)	
1.			
2.			

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

SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings	OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings	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
Are you applying for membership in the Flex-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.

DHENZEL JANE FILLONE

PRINTED NAME

Dhenzel Jane Fillone

SIGNATURE

MARCH 22, 2019

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/PAYEE AGENT)	RECORDS & PROCESSING UNIT (SSS BRANCH/SERVICE OFFICE) JE-ANN B. LISORONA SIGNATURE OVER PRINTED NAME DATE & TIME 8 27 MAR 2019
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME DATE & TIME	
START OF PAYMENT (FOR SE/NWS)	FLEx-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	REVIEWED BY (SSS BRANCH/SERVICE OFFICE)	SIGNATURE OVER PRINTED NAME DATE & TIME