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

SS NUMBER

06-4332060-0

COV-01214 (09-2015)

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)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
BARCELON		RUWEGIE		CADAPAN				6 6 2 7 2 0 0	
SEX	CIVIL STATUS			TAX IDENTIFICATION NUMBER (IF ANY)					
<input type="checkbox"/> Male <input 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	ROMAN CATHOLIC		TACLOBAN CITY LEYTE						
HOME ADDRESS (MAILING AND BILLING NAME)		PHONE/EXT. & BKR. NO.		STREET NAME		SUBDIVISION			
BARGY. TUGA		JARO		LEYTE		PHILIPPINES		ZIP CODE	
MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)					
091535 60846		N/A		N/A					
FATHER (LAST NAME)		FATHER (FIRST NAME)		FATHER (MIDDLE NAME)		FATHER (SUFFIX)			
BARCELON		ENIEGO		LOREÑO					
MOTHER'S MAIDEN NAME (LAST NAME)		MOTHER'S MAIDEN NAME (FIRST NAME)		MOTHER'S MAIDEN NAME (MIDDLE NAME)		MOTHER'S MAIDEN NAME (SUFFIX)			
CADAPAN		NENITA		JULIANO					

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE (LAST NAME)		SPOUSE (FIRST NAME)		SPOUSE (MIDDLE NAME)		SPOUSE (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
		N/A							
CHILDREN (LAST NAME)		CHILDREN (FIRST NAME)		CHILDREN (MIDDLE NAME)		CHILDREN (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
1.		N/A							
2.		N/A							
3.		N/A							
4.		N/A							
5.		N/A							
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased) (LAST NAME)		OTHER BENEFICIARY/IES (FIRST NAME)		OTHER BENEFICIARY/IES (MIDDLE NAME)		OTHER BENEFICIARY/IES (SUFFIX)		RELATIONSHIP	
1.		N/A							
2.		N/A							

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 _____ Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		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.

RUWEGIE C. BARCELON
PRINTED NAME

B
SIGNATURE

6/7/19/19
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 OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (SSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)
	P		AMELITA C. AMBE SSS Tacloban
MONTHLY SS CONTRIBUTION FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
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	DATE & TIME