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Republic of the Philippines
SOCIAL SECURITY SYSTEM
MEMBER DATA CHANGE REQUEST

FF UP AFTER

COV-01215 (09-2015)

1 MONTH

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 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 MEMBER

A. PERSONAL DATA

SS NUMBER 01646054517	COMMON REFERENCE NUMBER (IF ANY)	DATE OF BIRTH (MMDDYYYY) 02142005	TAX IDENTIFICATION NUMBER (IF ANY)
NAME (LAST NAME) CANDIDO	(FIRST NAME) CHEBETINE	(MIDDLE NAME) JADE	(SUFFIX)
ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) BALUD	(HOUSE/LOT & BLK NO.) SAN FERNANDO	(STREET NAME) CEBU	
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER 09919633037	E-MAIL ADDRESS chebetinejade14@gmail.com	
FOREIGN ADDRESS (IF APPLICABLE)	COUNTRY	ZIP CODE 60118	

B. DATA CHANGE/CORRECTION/UPDATING

A. CHANGE OF MEMBERSHIP TYPE

<p>FROM</p> <input type="checkbox"/> Employed <input type="checkbox"/> Voluntary <input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Non-Working Spouse (NWS) <input type="checkbox"/> Prior Registrant <small>(A person who registered with the SSS for the first time as a prospective employee)</small>	<p>TO</p> <input type="checkbox"/> Self-Employed <i>(Please fill-out the details below)</i> Profession/Business _____ Year Profession/Business Started _____ Monthly Earnings (P) _____	<p>TO (Option for Prior Registrant Only)</p> <input type="checkbox"/> Non-Working Spouse <i>(Please fill-out the details below)</i> SS No./CRN of Working Spouse _____ Monthly Income of Working Spouse (P) _____ I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS. _____ <small>SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE</small>
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B. CORRECTION OF NAME

<input type="checkbox"/> Last Name <input type="checkbox"/> First Name <input type="checkbox"/> Middle Name <small>(or change of middle initial to middle name)</small> <input type="checkbox"/> Prefix (e.g., "de", "dela", "delos", "del", "Ma." or "Mania") or Suffix (e.g., Jr., II or III) <input type="checkbox"/> Simple Error in Spelling of Name (e.g., "i" to "e" or "u" to "o" or vice versa; inclusion/ deletion of space and special characters) <input type="checkbox"/> Due to to Re-marriage	<p>FROM</p> CANDIDO CHEBETINE JADE MMF	<p>TO</p>
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C. CORRECTION OF DATE OF BIRTH

D. CORRECTION OF SEX

E. CHANGE OF CIVIL STATUS

(For Female members: Accomplish the FROM and TO portions, if also requesting for change of name)

Single to Married
 Married to Legally Separated
 Married to Widowed
 Reversion from Married to Single

F. UPDATING OF CONTACT INFORMATION

Address Telephone Number E-mail Address Mobile/Cellphone Number

G. UPDATING OF BANK INFORMATION

Bank Name	Bank Branch	Account Number
<input type="checkbox"/> Benefits (Sickness/ Maternity/Partial Disability)		
<input type="checkbox"/> Loans		
<input type="checkbox"/> PESO Fund		

H. UPDATING OF MEMBER RECORD STATUS (From "Temporary" to "Permanent") - please indicate submitted documents

Bc