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COV-01214 (09-2015)

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

SS NUMBER
06-3940905-6

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

Form section A containing personal data: NAME (ENANOZA, FRANCE DIANNE, DACLAN), DATE OF BIRTH (11/03/1996), SEX (Female), CIVIL STATUS (Single), NATIONALITY (FILIPINO), RELIGION (ROMAN CATHOLIC), PLACE OF BIRTH (CEBU CITY), HOME ADDRESS (TUYAN, CITY OF NAGA, CEBU), MOBILE/CELLPHONE NUMBER (09756444778), E-MAIL ADDRESS (france_dianne96@yahoo.com), TELEPHONE NUMBER, FATHER (ENANOZA, INCCENCIO, CUIZON), MOTHER'S MAIDEN NAME (DACLAN, JUANITA, BAYATON).

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

Form section B for dependents/beneficiaries. Includes fields for SPOUSE, CHILD/REN (1-5), and OTHER BENEFICIARY/IES (1-2) with name, relationship, and date of birth fields.

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

Form section C for self-employed, OFW, or non-working spouse. Includes fields for profession/business, foreign address, earnings, and membership application in the Flexi-Fund Program.

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.

FRANCE DIANNE ENANOZA
PRINTED NAME

[Signature]
SIGNATURE

[Date]
DATE



PART II - TO BE FILLED OUT BY SSS

Form section II for SSS processing. Includes fields for BUSINESS CODE, MONTHLY SS CONTRIBUTION, START OF PAYMENT, WORKING SPOUSE'S MSC, APPROVED MSC, FLEXI-FUND APPLICATION, and RECEIVED BY stamps with dates (MAR 09 2017) and signatures.