

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

SS NUMBER
06-4283056-0

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)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
VILLAESTER		RICKY		YBAÑEZ				01/03/2010	
SEX		CIVIL STATUS							
<input checked="" 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		PATAO, BANTAYAN, CEBU					
HOME ADDRESS (BARANGAY/DISTRICT/LOCALITY)		(RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)		(STREET NAME)		(SUBDIVISION)	
VILLAGONZALO 2		CEBU CITY							
MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)				ZIP CODE	
0908229164		rvillaester29@gmail.com		N/A				6000	
FATHER (LAST NAME)		FATHER (FIRST NAME)		FATHER (MIDDLE NAME)		FATHER (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
VILLAESTER		PERFECTO		MATA					
MOTHER'S MAIDEN NAME (LAST NAME)		MOTHER'S MAIDEN NAME (FIRST NAME)		MOTHER'S MAIDEN NAME (MIDDLE NAME)		MOTHER'S MAIDEN NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
YBAÑEZ		ELIZABETH		MATA					

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

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 _____					

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.

RICKY Y. VILLAESTER PRINTED NAME

[Signature] SIGNATURE

05/03/2019 DATE

[Fingerprint] RIGHT THUMB

[Fingerprint] 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 (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)	
		P				MARICRIS D. PONCE	
MONTHLY SS CONTRIBUTION (FOR SE/OP/NWS)		APPROVED MSC (FOR SE/OFW/NWS)		SIGNATURE OVER PRINTED NAME		SIGNATURE OVER PRINTED NAME	
P		P				[Signature]	
START OF PAYMENT (FOR SE/NWS)		FLEXI-FUND APPLICATION (FOR OFW)		REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)		DATE & TIME	
		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved					
				SIGNATURE OVER PRINTED NAME		DATE & TIME	