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

SS NUMBER **06-4207761-1**

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 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) <b>CALATA</b>		(FIRST NAME) <b>ELLA MELL</b>		(MIDDLE NAME) <b>BALA</b>	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) <b>01211021010</b>
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				TAX IDENTIFICATION NUMBER (IF ANY)	
NATIONALITY <b>FILIPINO</b>	RELIGION <b>ROMAN CATHOLIC</b>	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) <b>TAGBILARAN CITY, BOHOL</b>				
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) <b>TISA</b>		(HOUSELOT & BLK. NO.)	(STREET NAME) <b>FUROK SAMBAL</b>	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) <b>TISA</b>	(CITY/MUNICIPALITY) <b>CEBU CITY</b>	(PROVINCE) <b>DEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	ZIP CODE		
MOBILE/CELLPHONE NUMBER <b>0919666105100</b>	E-MAIL ADDRESS <b>ellamellcalata@gmail.com</b>		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)			
FATHER (LAST NAME) <b>CALATA</b>	(FIRST NAME) <b>EL SAN ABARLAL</b>	(MIDDLE NAME) <b>C.</b>	(SUFFIX)	RECEIVED AND ISSUED		
MOTHER'S MAIDEN NAME (LAST NAME) <b>BALA</b>	(FIRST NAME) <b>EDITA</b>	(MIDDLE NAME) <b>CEBENOD</b>	(SUFFIX)	RECEIVED AND ISSUED		

**B. DEPENDENT(S)/BENEFICIARY/IES**

Check this box if using additional sheet.

SPOUSE (LAST NAME) <b>CALATA</b>	(FIRST NAME) <b>EL SAN ABARLAL</b>	(MIDDLE NAME) <b>C.</b>	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
1.					
2.					
3.					
4.					
5.					
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased) (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
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.



**ELLA MELL CALATA**  
PRINTED NAME

*[Signature]*  
SIGNATURE

**NOV 08 2010**  
DATE

**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 SIM-SU (MSS BRANCH/SERVICE OFFICE/REGISTRATION) <input checked="" type="checkbox"/> RECEIVED <input type="checkbox"/> ORIGINAL <input type="checkbox"/> REFILED <input checked="" type="checkbox"/> COMPARED W/ ORIGINAL / CERTIFIED TRUE
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)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)	SIGNATURE OVER PRINTED NAME DATE & TIME