

C. CERTIFICATION

I certify that the information provided in this form are true and correct.

NUMBER, 016|29|59|37|6|5

RENERIZA C. KWAIK
PRINTED NAME

RENERIZA C. KWAIK
SIGNATURE

4/11/2025
DATE

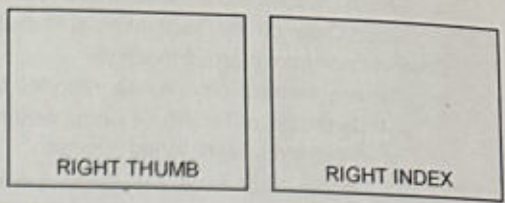
If member cannot sign, affix fingerprints (please see Instruction no. 5).
Below are the witnesses to fingerprinting:

1) _____
PRINTED NAME SIGNATURE DATE

ADDRESS & CONTACT NUMBER

2) _____
PRINTED NAME SIGNATURE DATE

ADDRESS & CONTACT NUMBER



PART II - TO BE FILLED OUT BY SSS

For Change of Membership Type to Self-Employed

For Change of Membership Type to Non-Working Spouse

SOCIAL SECURITY SYSTEM
Approved MSC
Start of Payment
Monthly SS Contribution (P)
APR 11 2025
SOCIAL SECURITY SYSTEM
CERIL NRA BRANCH

Working Spouse's MSC
Approved MSC of NWS
Start of Payment
Monthly SS Contribution (P)
SOCIAL SECURITY SYSTEM
CERIL NRA BRANCH

RECEIVED BY
CINDRELL P INOC
APR 11 2025

236 APR 11 2025
DATE & TIME
BRANCH

COMPARED SIGNATURE OVER PRINTED NAME
CINDRELL P INOC
APR 11 2025

ENCODED BY
CINDRELL P INOC
COMPARED WITH ORIGINAL TIME: 236

REVIEWED BY
Genevieve T. Gripo
Acting CEO-ii / SSM-ii, SSS Cebu North Branch
APR 11 2025

APPROVED BY
SIGNATURE OVER PRINTED NAME
DATE & TIME

INSTRUCTIONS

- Fill out this form in two (2) copies and submit to the nearest SSS branch office together with the required documents. Refer to the attached "List of Documentary Requirements for Member Data Change Request".
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- Present original copy and submit photocopy/ies of the following identification (ID) card/s in filing this form:
 - Filed by member
 - Social Security (SS) card or Unified Multi-Purpose ID (UMID) card or two (2) ID cards both with signature and one (1) with photo
 - Filed by employer or company representative or household employer
 - SS card or UMID card or two (2) ID cards of the member, both with signature and one (1) with photo; and
 - Additional ID card/s per type of filer
 - Company ID of the employer-filer, with signature and photo, if filed by employer
 - Specimen Signature Card (SS Form L-501) of the company representative, if filed by company representative
 - Two (2) ID cards of the household employer-filer, both with signature and one (1) with photo, if filed by household employer
- If member is requesting for updating of contact information (address, telephone number, e-mail address and mobile/cellphone number), indicate already under Part I-A of the form the new contact information.
- If member cannot sign, witnesses to fingerprinting shall be as follows:
 - Filed by member
 - SSS receiving personnel who shall affix his/her signature on the portion provided for in Part I-C.
 - Filed by employer or company representative or household employer
 - Two (2) witnesses. Both should affix their signatures and indicate their addresses and contact numbers on the portions provided for in Part I-C. One (1) witness is the member's employer or company representative or household employer himself and the other one (1) could be any person.
- If dependents/beneficiaries are more than three (3), please use space provided below.

UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box.)

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
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