

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

"NO DOCUMENT SUBMITTED"  
SS NUMBER  
**06-4245558-9**

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT [www.sss.gov.ph](http://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)		(FIRST NAME)		(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
BOHOL		LOREMHIE		BATUCAN		06 22 20 00	
SEX	CIVIL STATUS			TAX IDENTIFICATION NUMBER (IF ANY)			
<input type="checkbox"/> Male <input checked="" 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	TALAMBAN CEBU CITY, PHILIPPINES					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)		(STREET NAME)	(SUBDIVISION)		
KALUNASAN		CEBU CITY		CEBU	PHILIPPINES		6000
MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)				
0997 418 0791	LBohol_sht@gmail.com						
FATHER (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)				
BOHOL	ANANIAS	BONGHANY	JR.				
MOTHER'S MAIDEN NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)				
BATUCAN	MELINDA	PARATO					

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

Check this box if using additional sheet.

SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(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**

<b>SELF-EMPLOYED (SE)</b>	<b>OVERSEAS FILIPINO WORKER (OFW)</b>	<b>NON-WORKING SPOUSE (NWS)</b>
Profession/Business	Foreign Address	SS No./Common Reference No. of Working Spouse
Year Prof./Business Started		Monthly income of Working Spouse (P)
Monthly Earnings	Are you applying for membership in the Flexi-Fund Program?	I agree with my spouse's membership with SSS.
P	Monthly Earnings <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE

**D. CERTIFICATION**

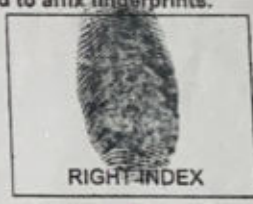
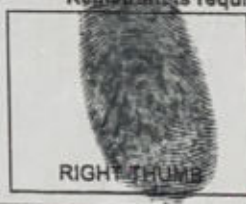
I certify that the information provided in this form are true and correct.  
(If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrants is required to affix fingerprints.

LOREMHIE BOHOL  
PRINTED NAME

*LBohol*  
SIGNATURE

02-19-19  
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 (MSS, BRANCH/SERVICE OFFICE)
	P		<b>FEB 19 2019</b>
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
P	P		
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)	<b>JUDIE C. CENTILLAS</b>
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<b>FEB 19 2019</b>
		SIGNATURE OVER PRINTED NAME	DATE & TIME