



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

SS NUMBER
06-4143627-9

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) UGMAPEZ		(FIRST NAME) AINSLEY NAORE		(MIDDLE NAME) GONZAGA	(SUFFIX) MS	DATE OF BIRTH (MMDDYYYY) 11/04/1997	
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 FILIPINO	RELIGION ROMAN CATHOLIC		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) SAN FRANCISCO CEBU				
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) NORTHERN POBLACION SAN FRANCISCO		(HOUSE/LOT & BLK. NO.) CEBU	(STREET NAME) PHILIPPINES	(SUBDIVISION) CE050	(COUNTRY)		ZIP CODE
MOBILE/CELLPHONE NUMBER 09494879002		E-MAIL ADDRESS keugonzaga@gmail.com		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)			
FATHER (LAST NAME) UGMAPEZ		(FIRST NAME) NIELO	(MIDDLE NAME) OTIDA	(SUFFIX) MR			
MOTHER'S MAIDEN NAME (LAST NAME) GONZAGA		(FIRST NAME) LEONOR	(MIDDLE NAME) ORDESTA	(SUFFIX) MS			

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.	UGMAPEZ	NIELO	OTIDA	(MR)	FATHER	02/20/1962
2.	UGMAPEZ	LEONOR	GONZAGA	(MRS)	MOTHER	12/12/1966

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.

AINSLEY NAORE G. UGMAPEZ *Augsmauz* **06-22-2018**
 PRINTED NAME SIGNATURE DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS) P	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) SOCIAL SECURITY SYSTEM MEMBERS SERVICES SECTION CEBU CITY BRANCH SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) SIGNATURE OVER PRINTED NAME _____	JUN 22 2018 NIÑO L. MAGALLON
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		