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

0642371184

SS NUMBER

06-4237118-4

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) GODITO		(FIRST NAME) GRACEL		(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 08 20 2000	
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) MATALOM, LEYTE		(CITY, COUNTRY, if born outside the Philippines)		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) POBLACION		(HOLDSELOT & BLK. NO.) TALISAY CITY		(STREET NAME) J.P. RIZAL ST.	(SUBDIVISION) CEBU PHILIPPINES		
(BARANGAY/DISTRICT/LOCALITY) POBLACION		(CITY/MUNICIPALITY) TALISAY CITY		(PROVINCE) CEBU	(COUNTRY) PHILIPPINES	ZIP CODE 6045	
MOBILE/CELLPHONE NUMBER 09128136807		E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.) (032) 272-3828			
FATHER (LAST NAME) OBRA	(FIRST NAME) ORLANDO		(MIDDLE NAME) HUERTE	(SUFFIX)			
MOTHER'S MAIDEN NAME (LAST NAME) GODITO	(FIRST NAME) JONALITA		(MIDDLE NAME) PAPONG	(SUFFIX)			

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

SELF-EMPLOYED (SE) Profession/Business OOD JOB Year Prof./Business Started 2014 Monthly Earnings P 3,000	OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____ Monthly Earnings P _____	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse _____ Month, Income of Working Spouse (P) _____ I agree with my spouse's membership with SSS _____ SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____
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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

GRACEL GODITO
PRINTED NAME

Gracel Godito
SIGNATURE

01-27-2019
DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE) 9162	WORKING SPOUSE'S MSC (FOR NWS) P	RECEIVED BY ADJUTANT GENERAL	RECEIVED & PROCESSED BY Branch
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P 330	APPROVED MSC (FOR SE/OFW/NWS) P 3,000	SIGNATURE OVER PRINTED NAME, DATE & TIME DATE: 1/27/19	(SSS BRANCH/SERVICE OFFICE/FOREIGN OFFICE) Received Original / Certified True Copy (CTC) Compared w/ Original / (CTC) SIGNATURE OVER PRINTED NAME MARC JOSEPH C. LAPINID DATE & TIME 1/27/19
START OF PAYMENT (FOR SE/NAS) JAN-2019	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	REVIEWED BY DATE: 1/27/19	SIGNATURE OVER PRINTED NAME MARC JOSEPH C. LAPINID DATE & TIME 1/27/19