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

SS NUMBER

06-4313743-7

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 & USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		(SUFFIX)	DATE OF BIRTH (MM/DD/YYYY)	
DEUCATAN		DONNABEL		ANGLO			05/15/1991	
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		ATOP-ATOP BANTAYAN LEBU				
HOME ADDRESS (RM, FLR, UNIT NO. & BLDG. NAME)			(HOUSELOT & BLK. NO.)		(STREET NAME)		(SUBDIVISION)	
(BARANGAY/DISTRICT/LOCALITY)			(CITY/MUNICIPALITY)		(PROVINCE)		(COUNTRY)	
AGUSTA KADANGBAND			BANTAYAN		LEBU		PHILIPPINES	
MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS			TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)			
091776391933								
FATHER (LAST NAME)		FATHER (FIRST NAME)		FATHER (MIDDLE NAME)		FATHER (SUFFIX)		
DEUCATAN		CARBLO		CARMELD				
MOTHER'S MAIDEN NAME (LAST NAME)		MOTHER'S MAIDEN NAME (FIRST NAME)		MOTHER'S MAIDEN NAME (MIDDLE NAME)		MOTHER'S MAIDEN NAME (SUFFIX)		
ANGLO		DOLORES		FACITED				

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional she

SPOUSE (LAST NAME)		SPOUSE (FIRST NAME)		SPOUSE (MIDDLE NAME)		(SUFFIX)	DATE OF BIRTH (MM/DD/YYYY)		
CHILDREN (LAST NAME)		CHILDREN (FIRST NAME)		CHILDREN (MIDDLE NAME)		(SUFFIX)	DATE OF BIRTH (MM/DD/YYYY)		
1.									
2.									
3.									
4.									
5.									
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased)						RELATIONSHIP		DATE OF BIRTH (MM/DD/YYYY)	
(LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)			
1.									
2.									

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 _____		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 Flexi-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:

DONNABEL A. DEUCATAN  
PRINTED NAME

SIGNATURE

05-21-19  
DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS)	RECEIVED BY (HERE REPRESENTATIVE OFFICE/PARTNER/ AGENT)	RECEIVED & PROCESSED BY (SSS BRANCH/SERVICE OFFICE/POST OFFICE)
	P		
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE (OVER PRINTED NAME) DATE & TIME	SIGNATURE OVER PRINTED NAME DATE & TIME
P	P		
START OF PAYMENT (FOR SE/OFW/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (SSS BRANCH/SERVICE OFFICE)	
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	SIGNATURE (OVER PRINTED NAME) DATE & TIME	

JUN 21 2015