



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

SS NUMBER

COV-0 182 (05-2014)

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 INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME)	Rick	(FIRST NAME)	Saraban	(MIDDLE NAME)		(SUFFIX)		DATE OF BIRTH (MMDDYYYY)	06/15/1992					
GENDER	<input checked="" type="checkbox"/> Male	<input 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	
NATIONALITY	Filipino		RELIGION	Roman Catholic		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE)	Canatuan Carcar City		(CITY, COUNTRY, if born outside the Philippines)		TAX IDENTIFICATION NUMBER (IF ANY)			
HOME ADDRESS (RM FLR UNIT NO & BLDG NAME)	Baccay Tulay		(CITY/MUNICIPALITY)	Minglanilla		(PROVINCE)	Cebu		(COUNTRY)	Philippines		ZIP CODE	6046	
WORKING PHONE NUMBER	93343 6852		E-MAIL ADDRESS	Key.Sabanico@yahoo.com		TELEPHONE NUMBER (COUNTRY + AREA CODE + TEL. NO.)								
FATHER (LAST NAME)	Sabanico		(FIRST NAME)	Gabino		(MIDDLE NAME)	Baloro		(SUFFIX)					
MOTHER'S MAIDEN NAME (LAST NAME)	(Meldrid) Sabanico		(FIRST NAME)	Meldrid		(MIDDLE NAME)	Saraban		(SUFFIX)					

B. BENEFICIARIES

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)		
1						
2						
3						
4						
5						
OTHER BENEFICIARIES (if without spouse, child and parents are both deceased)	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1	Anza	Enzira	Baqueroza			
2						

C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

SELF-EMPLOYED (SE) Profession/Business Display Incharge Monthly Earnings P P 6,000	OVERSEAS FILIPINO WORKER (OFW) Home/Sign Address Monthly Earnings	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse I agree to 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 front of an SSS personnel.

Registrant is required to affix fingerprints.



SABANICO Rick S.
PRINTED NAME

Jacksonmill
SIGNATURE
7/20/15
DATE

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE	WORKING SPOUSE'S MSC (FOR FWS)	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (SSS BRANCH/FOREIGN OFFICE)
MONTHLY SS CONTRIBUTION (FOR FWS)	APPROVED MSC (FOR FWS)	SIGNATURE OVER PRINTED NAME	JUL 25 2015
PLACE OF PAYMENT (FOR FWS)	FLEXI FUND APPLICATION (FOR FWS)	DATE & TIME	SIGNATURE OVER PRINTED NAME RAINEIDA L. DALALUS RECEIVED/COPY OF ORIGINAL DATE & TIME