

Republic of the Philippines
SOCIAL SECURITY SYSTEM
MEMBER DATA CHANGE REQUEST

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 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 MEMBER
A. PERSONAL DATA

SS NUMBER: 314310217107166
COMMON REFERENCE NUMBER (IF ANY):
DATE OF BIRTH (MMDDYYYY): 11/30/1991
TAX IDENTIFICATION NUMBER (IF ANY): 7125P163P1011

NAME (LAST NAME): DEL CASTILLO (FIRST NAME): LACTON (MIDDLE NAME): JINKY (SUFFIX):
ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME): LACTON GENCIAGAN (SUBDIVISION): (HOUSE/LOT & BLK. NO.): (CITY/MUNICIPALITY): CENTRO LABDGO (PROVINCE): CEBU (STREET NAME):
TELEPHONE NUMBER (AREA CODE + TEL. NO.): MOBILE/CELLPHONE NUMBER: 0915150101132511 E-MAIL ADDRESS: lactonjinky@gmail.com
FOREIGN ADDRESS (IF APPLICABLE): COUNTRY: ZIP CODE: 610114

A. CHANGE OF MEMBERSHIP TYPE

- FROM
- Employed
 - Voluntary
 - Overseas Filipino Worker
 - Non-Working Spouse (NWS)
 - Prior Registrant
- (A person who registered with the SSS for the first time as a prospective employee.)

- TO
- Self-Employed (Please fill-out the details below.)
 - Profession/Business: _____
 - Year Profession/Business Started: _____
 - Monthly Earnings (P): _____

- TO (Option for Prior Registrant Only)
- Non-Working Spouse (Please fill-out the details below.)
 - SS No./CRN 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: _____

B. CORRECTION OF NAME

- Last Name
- First Name
- Middle Name (or change of middle initial to middle name)
- Prefix (e.g., "de", "del", "delos", "del", "Ma" or "Maria") or Suffix (e.g., Jr., II or III)
- Simple Error in Spelling of Name (e.g., "i" to "e" or "u" to "o" or vice versa; inclusion/deletion of space and special characters)
- Due to to Re-marriage

FROM	TO
Lacton	Lacton
Jinky Genciagan Lacton	Jinky Lacton Del castillo

C. CORRECTION OF DATE OF BIRTH

D. CORRECTION OF SEX

E. CHANGE OF CIVIL STATUS

- (For Female members: Accomplish the FROM and TO portions, if also requesting for change of name.)
- Single to Married
 - Married to Legally Separated
 - Married to Widowed
 - Reversion from Married to Single

F. UPDATING OF CONTACT INFORMATION

- Address
- Telephone Number
- E-mail Address
- Mobile/Cellphone Number

G. UPDATING OF BANK INFORMATION

- | Bank Name | Bank Branch | Account Number |
|--|-------------|----------------|
| <input type="checkbox"/> Benefits (Sickness/ Maternity/Partial Disability) | | |
| <input type="checkbox"/> Loans | | |
| <input type="checkbox"/> PESO Fund | | |

H. UPDATING OF MEMBER RECORD STATUS (From "Temporary" to "Permanent") - please indicate submitted documents

I. UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box. If more than 3, use other page "Instructions" portion.)

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MMDDYYYY)	
1.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
2.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
3.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion

SS NUMBER 31431021710171616	C. CERTIFICATION I certify that the information provided in this form are true and correct.
<u>Jinky L. Delcacho</u> PRINTED NAME	<u>[Signature]</u> SIGNATURE
If member cannot sign, affix fingerprints (please see Instruction no. 5): Below are the witnesses to fingerprinting:	
1) _____ PRINTED NAME	_____ SIGNATURE
_____ ADDRESS & CONTACT NUMBER	_____ DATE
2) _____ PRINTED NAME	_____ SIGNATURE
_____ ADDRESS & CONTACT NUMBER	_____ DATE
PART II - TO BE FILLED OUT BY SSS	
For Change of Membership Type to Self-Employed Business Code _____ Approved MSC _____ Start of Payment _____ Received & Compared _____	For Change of Membership Type to Non-Working Spouse Working Spouse's MSC _____ Approved MSC of NWS _____ Start of Payment _____ Monthly SS Contribution (P) _____
RECEIVED BY <u>Josely T. Mandaue</u> SASSR	JUL 08 2022 9:5A
SIGNATURE OVER PRINTED NAME	DATE & TIME
PROCESSED BY <u>Josely T. Mandaue</u> SASSR	ENCODER BY <u>Josely T. Mandaue</u> SASSR
SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
DATE & TIME	DATE & TIME
REVIEWED BY	APPROVED BY
SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
DATE & TIME	DATE & TIME

INSTRUCTIONS

1. Fill out this form in two (2) copies and submit to the nearest SSS branch office together with the required documents. Refer to the attached "List of Documentary Requirements for Member Data Change Request"
2. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
3. Present original copy and submit photocopy/ies of the following identification (ID) card/s in filing this form:
 - a. Filed by member
 - Social Security (SS) card or Unified Multi-Purpose ID (UMID) card or two (2) ID cards both with signature and one (1) with photo
 - b. Filed by employer or company representative or household employer
 1. SS card or UMID card or two (2) ID cards of the member, both with signature and one (1) with photo; and
 2. Additional ID card/s per type of filer
 - 2.a Company ID of the employer-filer, with signature and photo, if filed by employer
 - 2.b Specimen Signature Card (SS Form L-501) of the company representative, if filed by company representative
 - 2.c Two (2) ID cards of the household employer-filer, both with signature and one (1) with photo, if filed by household employer
4. If member is requesting for updating of contact information (address, telephone number, e-mail address and mobile/cellphone number), indicate already under Part I-A of the form the new contact information.
5. If member cannot sign, witnesses to fingerprinting shall be as follows:
 - a. Filed by member
 - SSS receiving personnel who shall affix his/her signature on the portion provided for in Part I-C.
 - b. Filed by employer or company representative or household employer
 - Two (2) witnesses. Both should affix their signatures and indicate their addresses and contact numbers on the portions provided for in Part I-C. One (1) witness is the member's employer or company representative or household employer himself and the other one (1) could be any person.
6. If dependents/beneficiaries are more than three (3), please use space provided below.

UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box.)

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MMDDYYYY)	
1.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
2.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
3.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
4.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
5.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion