



COV-01199 (03-2015)

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

Annex A

SS NUMBER

06-3752562-8

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

Form section A containing personal data: NAME (CATAROS MARIE ILA SACAY), DATE OF BIRTH (1/10/71), GENDER (Female), CIVIL STATUS (Single), NATIONALITY (FILIPINO), RELIGION (ROMAN CATHOLIC), PLACE OF BIRTH (ORMOC CITY, LEYTE), HOME ADDRESS (L.C. CABRERA ST.), BARANGAY (CASUNTINGAN), CITY (MANDAUE), PROVINCE (CEBU), COUNTRY (PHILIPPINES), ZIP CODE (6014), MOBILE/CELLPHONE NUMBER (09603272037), E-MAIL ADDRESS (aylacataros7@gmail.com), FATHER (CATAROS ROSARY SACAY), MOTHER'S MAIDEN NAME (CATAROS ROSARY SACAY).

B. BENEFICIARY/IES

Form section B containing beneficiary information: SPOUSE (blank), CHILD/REN (1. CATAROS XIANNICA NEVAEH, 2. CABATINGAN XAVIER SVEN CATAROS), OTHER BENEFICIARY/IES (blank).

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

Form section C containing employment details: SELF-EMPLOYED (SE) with Profession/Business, Year Prof./Business Started, Monthly Earnings (P); OVERSEAS FILIPINO WORKER (OFW) with Foreign Address, Monthly Earnings (P), and membership application in the Flexi-Fund Program; NON-WORKING SPOUSE (NWS) with SS No./Common Reference No. of Working Spouse and agreement to spouse's membership.

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.

MARIE ILA S. CATAROS
PRINTED NAME

SIGNATURE

22 OCT. 2015
DATE

RIGHT THUMB

RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

Form section D containing SSS processing information: BUSINESS CODE, MONTHLY SS CONTRIBUTION (P), START OF PAYMENT, WORKING SPOUSE's MSC, APPROVED MSC, FLEXI-FUND APPLICATION (Approved), RECEIVED BY, SIGNATURE OVER PRINTED NAME, DATE & TIME, RECEIVED & PROCESSED BY (LACEA J. E.), SIGNATURE OVER PRINTED NAME, DATE & TIME.