



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

SS NUMBER  
**06-4317705-7**

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](http://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) <b>CHAVEZ</b>		NAME (FIRST NAME) <b>JHAY RHO</b>		NAME (MIDDLE NAME) <b>KICABORDA</b>		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY) <b>09/29/2000</b>	
SEX <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			TAX IDENTIFICATION NUMBER (IF ANY)					
NATIONALITY <b>FILIPINO</b>		RELIGION <b>ROMAN CATHOLIC</b>		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, If born outside the Philippines) <b>MACTAN COMMUNITY HOSPITAL, BAKAK, LAPU-LAPU CITY, CEBU</b>					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) <b>LUTOPAN</b>			(HOUSE/LOT & BLK. NO.) <b>TOLEDO CITY</b>		(STREET NAME) <b>CEBU</b>		(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY)			(CITY/MUNICIPALITY)		(PROVINCE)		(COUNTRY)		ZIP CODE
MOBILE/CELLPHONE NUMBER <b>09265301437</b>		E-MAIL ADDRESS <b>Jhayarchavez29@gmail.com</b>			TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)				
FATHER (LAST NAME) <b>LAPESIGUE</b>		FATHER (FIRST NAME) <b>ROMEO</b>		FATHER (MIDDLE NAME) <b>CELORE</b>		FATHER (SUFFIX)			
MOTHER'S MAIDEN NAME (LAST NAME) <b>CHAVEZ</b>		MOTHER'S MAIDEN NAME (FIRST NAME) <b>JEBODD</b>		MOTHER'S MAIDEN NAME (MIDDLE NAME) <b>KICABORDA</b>		MOTHER'S MAIDEN NAME (SUFFIX)			

**B. DEPENDENT(S)/BENEFICIARY/IES**

Check this box if using additional sheet.

SPOUSE (LAST NAME)		SPOUSE (FIRST NAME)		SPOUSE (MIDDLE NAME)		SPOUSE (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (LAST NAME)		CHILD/REN (FIRST NAME)		CHILD/REN (MIDDLE NAME)		CHILD/REN (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
1.									
2.									
3.									
4.									
5.									
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)				RELATIONSHIP		DATE OF BIRTH (MMDDYYYY)			
1. (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)			
2.									

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

<b>SELF-EMPLOYED (SE)</b> Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings ₱ _____	<b>OVERSEAS FILIPINO WORKER (OFW)</b> Foreign Address _____ Monthly Earnings ₱ _____ Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NON-WORKING SPOUSE (NWS)</b> SS No./Common Reference No. of Working Spouse _____ Monthly Income of Working Spouse (₱) _____ 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.

**JHAY RHO CHAVEZ**  
 PRINTED NAME

*[Signature]*  
 SIGNATURE

**June 27 - 2019**  
 DATE



**PART II - TO BE FILLED OUT BY SSS**

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

**06/27/19**  
 DATE & TIME