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

SS NUMBER
06-3813117-6

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 AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME) SALAZAR		FIRST NAME JESSIE GEE		MIDDLE NAME VILLICAS		SUFFIX		DATE OF BIRTH (MMDDYYYY)	
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		CIVIL STATUS <input 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 FILIPINO		RELIGION ROMAN CATHOLIC		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) ILIGAN KANDA CEBU		CITY, COUNTRY, if born outside the Philippines			
HOME ADDRESS (RM./FLR/UNIT NO. & BLDG. NAME) ILAYA KANDA			(HOUSE/LOT & BLK. NO.) CEBU		(STREET NAME)		(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY)			(CITY/MUNICIPALITY)		(PROVINCE)		(COUNTRY)		ZIP CODE
MOBILE/CELLPHONE NUMBER 09751471333			E-MAIL ADDRESS jessiegee.salazar@gmail.com			TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)			
FATHER (LAST NAME) SALAZAR		FIRST NAME GIR		MIDDLE NAME ALVARO		SUFFIX			
MOTHER'S MAIDEN NAME (LAST NAME) VILLICAS		FIRST NAME JESSIE		MIDDLE NAME KATHLEEN		SUFFIX			

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE (LAST NAME)		FIRST NAME		MIDDLE NAME		SUFFIX		DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (LAST NAME)		FIRST NAME		MIDDLE NAME		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

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.



PRINTED NAME

SIGNATURE

DATE

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)		WORKING SPOUSE'S MSC (FOR NWS) P		RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)		RECEIVED & PROCESSED BY SSS (MSS, BRANCH/SERVICE OFFICE/FOR FOREIGN OFFICER)	
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P		APPROVED MSC (FOR SE/OFW/NWS) P		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)		MARTA TRINIDAD LAMAS REGISTRATION OFFICER/REGISTRATION OFFICER	
				SIGNATURE OVER PRINTED NAME		DATE & TIME	