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

SS NUMBER

06-4316928-5

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)<br>VITAL   | (FIRST NAME)<br>REMBRANT  | (MIDDLE NAME)<br>NUNEZ   | (SUFFIX)   | DATE OF BIRTH (MMDDYYYY)<br>02/23/1999 |
| SEX<br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | CIVIL STATUS<br><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<br>FILIPINO   | RELIGION<br>ROMAN CATHOLIC  | PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE)<br>POB CORDOVA CEBU | (CITY, COUNTRY, if born outside the Philippines)<br>LAPU-LAPU CITY |  |
| HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)<br>PASO                           |   | (STREET NAME)<br>POBLACION                                       | (SUBDIVISION)  |  |
| (BARANGAY/DISTRICT/LOCALITY)<br>POBLACION                                       | (CITY/MUNICIPALITY)<br>CORDOVA  | (PROVINCE)<br>CEBU   | (COUNTRY)<br>PHILIPPINES   | ZIP CODE<br>6017                       |
| MOBILE/CELLPHONE NUMBER<br>09950931999  | E-MAIL ADDRESS<br>rembrant.vital@gmail.com  | TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)<br>N/A      |  |  |
| FATHER (LAST NAME)<br>VITAL   | (FIRST NAME)<br>ROGELIO   | (MIDDLE NAME)<br>QUIAPO  | (SUFFIX)   |  |
| MOTHER'S MAIDEN NAME (LAST NAME)<br>NUNEZ                                       | (FIRST NAME)<br>PAMELA  | (MIDDLE NAME)<br>ENCORPORADO                                     | (SUFFIX)   |  |

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

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

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

|  |   |  |
|--|---|--|
| SELF-EMPLOYED (SE)<br>Profession/Business<br>N/A<br>Year Prof./Business Started<br>Monthly Earnings<br>P | OVERSEAS FILIPINO WORKER (OFW)<br>Foreign Address<br>N/A<br>Monthly Earnings<br>P | NON-WORKING SPOUSE (NWS)<br>SS No./Common Reference No. of Working Spouse<br>N/A<br>Monthly Income of Working Spouse (P)<br>I agree with my spouse's membership with SSS.<br>SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE |
|--|---|--|

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.

REMBRANT N. VITAL  
PRINTED NAME

*[Signature]*  
SIGNATURE

DATE



PART II - TO BE FILLED OUT BY SSS

|   |  |   |   |
|---|--|---|---|
| BUSINESS CODE (FOR SE)                        | WORKING SPOUSE'S MSC (FOR NWS)<br>P  | RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)<br>SIGNATURE OVER PRINTED NAME<br>DATE & TIME | RECEIVED & PROCESSED BY (MSS BRANCH/SERVICE OFFICE/FUNCTION OFFICE)<br>MAREL O. BASALO 11:13<br>SIGNATURE OVER PRINTED NAME<br>DATE & TIME<br>JUN 25 2019 |
| MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)<br>P | APPROVED MSC (FOR SE/OFW/NWS)<br>P   | REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)<br>SIGNATURE OVER PRINTED NAME<br>DATE & TIME          |   |
| START OF PAYMENT (FOR SE/NWS)                 | FLEXI-FUND APPLICATION (FOR OFW)<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved |   |   |