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PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME) MENDOZA (FIRST NAME) FRANCES (MIDDLE NAME) XUFANTE (SUFFIX) DATE OF BIRTH (MMDDYYYY) 08 26 1999
SEX [] Male [X] Female CIVIL STATUS [X] Single [] Married [] Widowed [] Legally Separated [] Others TAX IDENTIFICATION NUMBER (IF ANY)
NATIONALITY FILIPINO RELIGION ROMAN CATHOLIC PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) TIPOLD MANDAVE CITY CEBU (CITY, COUNTRY, if born outside the Philippines)
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) ZIP CODE
MOBILE/CELLPHONE NUMBER 0756595797 E-MAIL ADDRESS VERUWATER@G.C. TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)
FATHER (LAST NAME) MENDOZA (FIRST NAME) RENATO (MIDDLE NAME) TAPANGAN (SUFFIX) VR.
MOTHER'S MAIDEN NAME (LAST NAME) MENDOZA (FIRST NAME) FRANCISCA (MIDDLE NAME) XUFANTE (SUFFIX) XUFANTE DIAZ

B. DEPENDENT(S)/BENEFICIARY/IES

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) (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) RELATIONSHIP DATE OF BIRTH (MMDDYYYY)
1. MENDOZA FRANCISCA XUFANTE FATHER 08 26 1962
2. MENDOZA RENATO TAPANGAN FATHER 08 19 62

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 Are you applying for membership in the Flexi-Fund Program? [] YES [] NO
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

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.

FRANCES X. MENDOZA PRINTED NAME

Mendoza SIGNATURE

05/30/18 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 BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)
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) [] Approved [] Disapproved REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) SIGNATURE OVER PRINTED NAME DATE & TIME
RECEIVED/CERTIFIED TRUE COPY MAY 30 2018 ANGELIE R. TARIAD MANDAVE CITY