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

SS NUMBER
06-4190044-6

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) **EDORRA** (FIRST NAME) **KRYCLEEH** (MIDDLE NAME) **CADINGATAN** (SUFFIX) _____ DATE OF BIRTH (MMDDYYYY) **0191214121010**

SEX Male Female CIVIL STATUS Single Married Widowed Legally Separated Others _____ TAX IDENTIFICATION NUMBER (IF ANY) _____

NATIONALITY **FILIPINO** RELIGION **CATHOLIC** PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) **CEBU CITY, PERPETUAL SUCCOUR HOSPITAL**

HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION)
SINSIN CEBU CITY CEBU CITY

(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) ZIP CODE _____

MOBILE/CELLPHONE NUMBER **09455427828** E-MAIL ADDRESS **KRYCLEEDORRA@GMAIL.COM** TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.) _____

FATHER (LAST NAME) **ALLAN** (FIRST NAME) **EDORRA** (MIDDLE NAME) **YLAYA** (SUFFIX) _____
MOTHER'S MAIDEN NAME (LAST NAME) **CADINGATAN** (FIRST NAME) **EMMA** (MIDDLE NAME) **RACAL** (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) _____

CHILDREN (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. _____ 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** 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

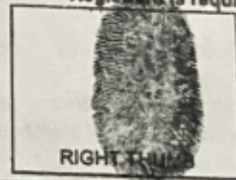
I certify that the information provided in this form are true and correct.
(If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

EDORRA KRYCLEEH
PRINTED NAME

[Signature]
SIGNATURE

SEP 29 2018
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 (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 _____

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 _____

JUDIE C. CENTILLAS
SIGNATURE OVER PRINTED NAME
DATE & TIME **SEP 29 2018**