



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

SS NUMBER

05-3771063

CCM-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)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)	DATE OF BIRTH (MMDDYYYY)		
BE DOMING		VINICE							
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		RELIGION		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE)		CITY/COUNTRY (If born outside the Philippines)			
PHILIPPINO		CATHOLIC		CAGAYAN		CAGAYAN			
HOME ADDRESS (AVENUE/AVENUE NO & BLDG NAME)			HOUSELOT & BLDG NO.		STREET NAME		SUBDIVISION		
CAGAYAN (MUNICIPALITY/LOCALITY)			CAGAYAN (CITY/MUNICIPALITY)		CAGAYAN (PROVINCE)		CAGAYAN (COUNTRY)		
MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE/AREA CODE - TEL NO)					
FATHER (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)			
MOTHER'S MACE (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)			

B. DEPENDENTS/BENEFICIARIES

SPOUSE (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILDREN (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
OTHER BENEFICIARIES (if without spouse & child and parents are both deceased)		(LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)
RELATIONSHIP		DATE OF BIRTH (MMDDYYYY)						

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

SELF-EMPLOYED (SE) Professional/Business Year Prof./Business Start 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	
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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



PRINTED NAME

SIGNATURE

DATE

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS)	RECEIVED BY (REPRESENTATIVE OFFICE PARTNER AGENT)	RECEIVED PROCESSED BY (SSS BRANCH/SERVICES OFF LEADERSHIP OFFICE)
MONTHLY \$\$ CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME DATE & TIME	JANVIS NINE B SARAHIL Signature over printed name DATE & TIME
START OF PAYMENT (FOR SE/OFW)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (SSS BRANCH-SERVICE OFFICE)	SIGNATURE OVER PRINTED NAME DATE & TIME
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	SIGNATURE OVER PRINTED NAME	DATE & TIME

12/15/2015