



Republic of the Philippines
SOCIAL SECURITY SYSTEM
SS NUMBER SLIP

SS Number: 06-4089106-4
CABAHUG, KAREN ADLAWON
Birthdate: 11/22/1996



06-4089106-4 CABAHUG, KAREN ADLAWON



V-01214 (09-2015)

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

SS NUMBER

06-4089106-4

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 IN BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

LAST NAME CABAHUG		FIRST NAME KAREN		MIDDLE NAME ADLAWON	SUFFIX	DATE OF BIRTH (MMDDYYYY) 11/22/1996	
CIVIL STATUS Male <input type="checkbox"/> Female <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 FILIPINO		RELIGION CATHOLIC		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) CEBU CITY			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) 40 CAT. QUANO LOOC		(HOUSE/LOT & BLK. NO.) MANDAUE CITY		(STREET NAME) CEBU	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) LOOC		(CITY/MUNICIPALITY) MANDAUE		(PROVINCE) CEBU	(COUNTRY) PHILIPPINES	ZIP CODE 6014	
HOME/CELLPHONE NUMBER 09276070023		E-MAIL ADDRESS karen.cabahug22@gmail.com		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) 520-3561			
REGISTRANT'S NAME (LAST NAME) RAMON		FIRST NAME CABAHUG		MIDDLE NAME RAMON	SUFFIX HERMOSO		
REGISTRANT'S MAIDEN NAME (LAST NAME) ADLAWON		FIRST NAME JOEELYN		MIDDLE NAME CANTURIAS	SUFFIX		

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

DEPENDENT/BENEFICIARY (LAST NAME) D/REN		FIRST NAME		MIDDLE NAME	SUFFIX	DATE OF BIRTH (MMDDYYYY)	
RELATIONSHIP		DATE OF BIRTH (MMDDYYYY)					
DEPENDENT/BENEFICIARY (LAST NAME) OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)		FIRST NAME		MIDDLE NAME	SUFFIX	DATE OF BIRTH (MMDDYYYY)	
RELATIONSHIP		DATE OF BIRTH (MMDDYYYY)					

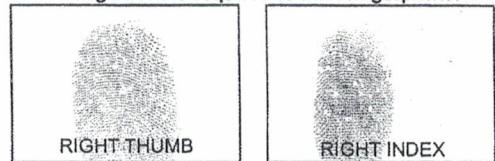
C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

SELF-EMPLOYED (SE) Profession/Business ODD JOB Year Prof./Business Started 2018 Monthly Earnings P 5,000		OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings P Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> 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	
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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.



KAREN CABAHUG

SIGNATURE

03/09/18

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) MAR 09 2018		RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) MAR 09 2018	
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) 550		APPROVED MSC (FOR SE/OFW/NWS) P		SIGNATURE OVER PRINTED NAME DATE & TIME		SIGNATURE OVER PRINTED NAME DATE & TIME	
PART OF PAYMENT (FOR SE/NWS) 03/2018		FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) SIGNATURE OVER PRINTED NAME		DATE & TIME	