SS NUMBER
08-2492915-0

SOCIAL SECURITY SYSTEM
PERSONAL RECORD
(Please Use Black Ink Only)
(Gumamit ng Itim na Tinta Lamang)

E-1
(Rev. 08/94)

SURNAME *(APELYIDO)*	GIVEN NAME *(PANGALAN)*	MIDDLE NAME *(GITNANG PANGALAN)*
MORANTE	NIEL	NARVASA

ADDRESS (NO. & STREET; CITY/TOWN & PROVINCE) *(TIRAHAN: BILANG AT KALYE, LUNGSOD/BAYAN AT LALAWIGAN)*: ZONE ADELFA, SUAREZ ILIGAN CITY

POSTAL CODE: 9200

SEX *(KASARIAN)*: ☑ MALE *(LALAKI)* ☐ FEMALE *(BABAE)*

DATE OF BIRTH *(KAPANGANAKAN)*: m m d d y y — 0 1 2 0 9 3

CIVIL STATUS *(KATAYUANG SIBIL)*: ☑ SINGLE *(WALANG ASAWA)* ☐ MARRIED *(MAY ASAWA)* ☐ WIDOWED *(BALO)*

BENEFICIARIES *(MAKIKINABANG)*

SPOUSE *(ASAWA)*:

FATHER *(AMA)*: RENIE C. MORANTE

MOTHER *(INA)*: LUCIANA N. MORANTE

CHILDREN *(MGA ANAK)* — DATE OF BIRTH *(KAPANGANAKAN)* m m d d y y

1.
2.
3.
4.
5.

SSS Iligan Branch
~~RECEIVED/ENCODED~~
MACKY JONES M. BIENES AUG 11 2014

OTHER BENEFICIARIES (IF WITHOUT SPOUSE, CHILD OR PARENT)
(IBANG MAKIKINABANG: KUNG WALANG ASAWA, ANAK O MAGULANG)

	NAME *(PANGALAN)*	RELATIONSHIP *(RELASYON)*
1	PETRA C. MORANTE	GRANDMOTHER
2		
3		

THUMBMARK

LEFT *(KALIWA)*

RIGHT *(KANAN)*

I hereby certify that the above information are true and correct.
(Ako ay nagpapatunay na ang aking mga isinaad ay totoo at tama.)

Signature *(Lagda)*

PLEASE READ REMINDERS AT THE BACK *(BASAHIN ANG PAALALA SA LIKOD)*

CONSOLIDATED PAPER PRODUCTS, INC. TEL. # 983-82-26 TO 32 FAX # 983-88-99