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COV-01214 (09-2015)

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

SS NUMBER
06-3880962-8

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), SEX (Male, Female), CIVIL STATUS (Single, Married, Widowed, Legally Separated, Others), TAX IDENTIFICATION NUMBER (IF ANY), NATIONALITY, RELIGION, PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE), HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME, HOUSELOT & BLK. NO., STREET NAME, SUBDIVISION), (BARANGAY/DISTRICT/LOCALITY), (CITY/MUNICIPALITY), (PROVINCE), (COUNTRY), ZIP CODE, MOBILE/CELLPHONE NUMBER, E-MAIL ADDRESS, TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.), FATHER (LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX), MOTHER'S MAIDEN NAME (LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX)

B. DEPENDENT(S)/BENEFICIARY/ES

Check this box if using additional sheet.

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), OTHER BENEFICIARY/ES (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/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.

PRINTED NAME, SIGNATURE, DATE, RIGHT THUMB, RIGHT INDEX

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) SSS Mandate SEP 30 2016, MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P, APPROVED MSC (FOR SE/OFW/NWS) P, SIGNATURE OVER PRINTED NAME, DATE & TIME, REVIEWED BY (MSS, BRANCH/SERVICE OFFICE), SIGNATURE OVER PRINTED NAME, DATE & TIME, START OF PAYMENT, FLEXI-FUND APPLICATION