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CON-01208 (09-2010)

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

SS NUMBER
06-3904502-5

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED FROM 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): MALAC (FIRST NAME): BENJAMIN (MIDDLE NAME): SUAKA (SUFFIX) DATE OF BIRTH (MM/DD/YYYY): [illegible]

SEX: ☑ Male ☐ Female

CIVIL STATUS: ☑ Single ☐ Married ☐ Widowed ☐ Legally Separated ☐ Others

TAX IDENTIFICATION NUMBER (IF ANY):

NATIONALITY: FILIPINO

RELIGION: ROMAN CHRISTIAN

PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines): CEBU CITY

HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION): [illegible]

(BARANGAY/DISTRICT/LOCALITY): [illegible] (CITY/MUNICIPALITY): TALISAY CITY (PROVINCE): CEBU (COUNTRY): PHILIPPINES ZIP CODE: [illegible]

MOBILE/CELLPHONE NUMBER: [illegible] E-MAIL ADDRESS: [illegible] TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.):

FATHER (LAST NAME): MALAC (FIRST NAME): ERNIO (MIDDLE NAME): (SUFFIX):

MOTHER'S MAIDEN NAME (LAST NAME): SUAKA (FIRST NAME): CRISTINA (MIDDLE NAME): BALAHIG (SUFFIX):

B. DEPENDENT(S)/BENEFICIARY/IES

☐ Check this box if using additional sheet

SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MM/DD/YYYY)

CHILD/REN (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MM/DD/YYYY)
1.				
2.				
3.				
4.				
5.				

OTHER BENEFICIARIES (If without spouse & child and parents are both deceased) (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MM/DD/YYYY)
1.					
2.					

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

SELF-EMPLOYED (SE)
Profession/Business
Year Prof./Business Started
Monthly Earnings
₱

OVERSEAS FILIPINO WORKER (OFW)
Foreign Address
Monthly Earnings
₱
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 (₱)
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.)

BENJAMIN MALAC — PRINTED NAME
[signature] — SIGNATURE
[illegible] — DATE

Registrant is required to affix fingerprints.

RIGHT THUMB | RIGHT INDEX

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 (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)
	₱		BRIAN E. MAHINAY Member Service Assistant 11/29/11 4:46:30 PM
MONTHLY SS CONTRIBUTION (FOR SE/OF/NWS)	APPROVED MSC (FOR SE/OF/NWS)	SIGNATURE OVER PRINTED NAME / DATE & TIME	SIGNATURE OVER PRINTED NAME / DATE & TIME
₱	₱	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)	
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) ☐ Approved ☐ Disapproved	SIGNATURE OVER PRINTED NAME	DATE & TIME