

06-3378647-0



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

SS NUMBER
06-3378647-0

COV-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) ABANGAN		(FIRST NAME) DIDICORO		(MIDDLE NAME) LARAYOS	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 09/13/1992	
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <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 ROMAN CATHOLIC		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) CEBU CITY		(CITY, COUNTRY, if born outside the Philippines)		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) 11 BULACAD PARDO		(HOUSE/LOT & BLK. NO.) CEBU CITY		(STREET NAME)	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) BULACAD		(CITY/MUNICIPALITY) CEBU		(PROVINCE) CEBU CITY	(COUNTRY) PHILIPPINES	ZIP CODE 6000	
MOBILE/CELLPHONE NUMBER 09226825080		E-MAIL ADDRESS didicorod@gmail.com			TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)		
FATHER (LAST NAME) ABANGAN	(FIRST NAME) DIDICORO	(MIDDLE NAME) COMENDADOR	(SUFFIX)				
MOTHER'S MAIDEN NAME (LAST NAME) LARAYOS	(FIRST NAME) ZENaida	(MIDDLE NAME) MACALSO	(SUFFIX)				

B. DEPENDENT(S)/BENEFICIARY/IES

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)	
1.					
2.					
3.					
4.					
5.					
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased) (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1.					
2.					

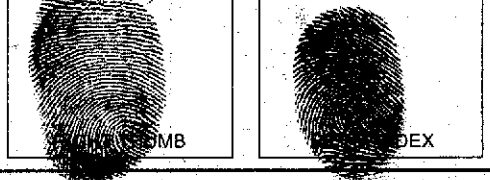
C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

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? <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) _____ <input type="checkbox"/> 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.



DIDICORO L. ABANGAN
PRINTED NAME

[Signature]
SIGNATURE

02/13/16
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)	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____
START OF PAYMENT (FOR SE/NWS)	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 _____