



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

Annex A

SS NUMBER

06-3765871-8

COV-C1199 (03-2015)

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)		(FIRST NAME)		(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Others				TAX IDENTIFICATION NUMBER (IF ANY)	
NATIONALITY		PLACE OF BIRTH		PROVINCE		CITY/COUNTRY (if born outside the Philippines)	
HOME ADDRESS		STREET NAME		CITY/TOWN		ZIP CODE	
(BARANGAY/DISTRICT LOCALITY)		(CITY/MUNICIPALITY)		(PROVINCE)		(COUNTRY)	
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. BENEFICIARY/IES

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 and child and parents are both deceased) (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	
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 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.

PRINTED NAME

SIGNATURE

DATE



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/FOUR)
P	P	SIGNATURE OVER PRINTED NAME	DATE & TIME
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)		
P	P		
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	SIGNATURE OVER PRINTED NAME	
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	DATE & TIME	

DEC 01 2015

SIGNATURE OVER PRINTED NAME

DATE & TIME