

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

ANNEX A
SS NUMBER
06-3751985-4

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 (MM/DD/YYYY)
SOLA	EULALIO DAN	DURIOY		03/26/1997
SEX	CIVIL STATUS			TAX IDENTIFICATION NUMBER (IF ANY)
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others			
NATIONALITY	RELIGION	PLACE OF BIRTH (CITY, MUNICIPALITY, PROVINCE) (CITY, COUNTRY if born outside the Philippines)		
FILIPINO	ROMAN CATHOLIC	CIBRANG, CITY WESTERN, SAMA, PHILIPPINES		
HOME ADDRESS (MULTI-LINE NO. & BLDG. NAME)		(HOUSE/LOT & B.L.K. NO.)	(STREET NAME)	(SUBDIVISION)

(BARANGAY/MUNICIPALITY, LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	(COUNTRY)	ZIP CODE
Bay, Poblacion Sur	Sama - Sibuyan	Western Samar	Philippines	6409

MOBILE/CELL PHONE NUMBER	EMAIL ADDRESS	TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)	
(+63) 9352470984	eulalio@gmail.com		
FATHER (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
SOLA	EULALIO	MEDIANA	
MOTHER'S MAIDEN NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
DURIOY	FELY	ALDES	

B. BENEFICIARIES

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

OTHER BENEFICIARIES (If without address and date and parents are both deceased)				RELATIONSHIP	DATE OF BIRTH (MM/DD/YYYY)
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)		
1. SOLA	EULALIO	MEDIANA		FATHER	11/20/51/1963
2. SOLA	FELY	DURIOY		MOTHER	11/23/1965


C. FOR SELF-EMPLOYED/OWNERS FILIPINO WORKER/COMMON 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 Flex-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
---	---	---

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: EULALIO DAN D. SOLA SIGNATURE:  DATE: _____

RIGHT THUMB:  RIGHT INDEX: 

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR REG) MONTHLY BI CONTRIBUTION (FOR REG/OWNERS) START OF PAYMENT (FOR SSS/REG)	WORKING SPOUSE'S MSC (FOR NWS) APPROVED MSC (FOR REG/OWNERS) FLEXIFUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	RECEIVED BY (THE REPRESENTATIVE OFFICER/OTHER AGENT) SIGNATURE OVER PRINTED NAME DATE & TIME	RECEIVED & PROCESSED (REG. BRANCH/FOREIGN BRANCH) DATE: <u>DEC 2 2011</u> SIGNATURE OVER PRINTED NAME GLORY MA...
---	--	--	--