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COV-01214 (09-2015)

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

SS NUMBER

06-4207845-8

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)	
VILLORDON	ANGELINE			11 22 1997	
SEX	CIVIL STATUS			TAX IDENTIFICATION NUMBER (IF ANY)	
<input type="checkbox"/> Male <input checked="" 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	KAWBITAN DAVU COBU			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)	
LOWER TUNOHAN			PUROK STO. NIÑO RIVERSIDE		
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	(COUNTRY)	ZIP CODE	
LOWER TUNOHAN	MINGLANILLA	CEBU	PHILIPPINES	6040	
MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)		
09102245969	angeline.villordon@gmail.com				
FATHER (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)		
MOTHER (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)		
VILLORDON	BRIGIDA				

B. DEPENDENT(S)/BENEFICIARY/IES					<input type="checkbox"/> 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)			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 _____	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. <input type="checkbox"/> YES <input type="checkbox"/> NO 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.)		
ANGELINE VILLORDON	<i>Angeline Villordon</i>	08 NOV 2018
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/SERVICE OFFICE/FOREIGN OFFICE)
	P		CRLICHLYN KAYE T. BORBON 11/08/18 05:56 PM
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
P	P	FATHIMA C. JORDAN	Cebu Robinsons Fuente SO
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (MSS. BRANCH/SERVICE OFFICE)	DATE & TIME
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Cebu Robinsons's SO	
		SIGNATURE OVER PRINTED NAME	DATE & TIME