

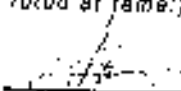


SS NUMBER		SOCIAL SECURITY SYSTEM <b>PERSONAL RECORD</b> (Please Use Black Ink Only) (Gumamit ng Itim na Tinta Lamang)		 <b>E-1</b> (Rev. 08/94)	
SURNAME (APELIDO) BONGSO		GIVEN NAME (PANGALAN) GLENNAN RYAN		MIDDLE NAME (GITNANG PANGALAN) GACHO	
ADDRESS (NO. & STREET); CITY/TOWN & PROVINCE (TIRAHAN, BLANG AT KALYE, LUNGSDOBAYAN AT LAHAGAN)				POSTAL CODE	
I/C COMPOUND DONA RITA VILLAGE GAS LAD CEBU CITY				1111	
SEX (KABAYAN) <input type="checkbox"/> MALE (LALAKI) <input type="checkbox"/> FEMALE (BAGAY)		DATE OF BIRTH (KAPANGANAKAN) m m d d y y 0 9 0 2 9 4		CIVIL STATUS (KATAWANG SIBI) <input type="checkbox"/> SINGLE (MAY ASAWA) <input type="checkbox"/> MARRIED (MAY ASAWA) <input type="checkbox"/> WIDOWED (BAK)	
<b>(MAGNABANG)</b>					
SPOUSE (ASAWA)			FATHER (AMA) MIGUEL OVINO BONGSO JR.		
CHILDREN (MAG ANAK)			MOTHER (INA) CAROLINA GACHO BONGSO		
DATE OF BIRTH (KAPANGANAKAN) m m d d y y			OTHER BENEFICIARIES (IF WITHOUT SPOUSE, CHILD OR PARENT) (IBANG MAGNABANG: KUNG WALANG ASAWA, ANAK O MAGULANG)		
1 <del>XXXXXXXXXX</del>			NAME (PANGALAN) RELATIONSHIP (RELASYON)		
2 <del>XXXXXXXXXX</del>			1. MELANE JANE BONGSO SISTER		
3 <del>XXXXXXXXXX</del>			2 _____		
4 <del>XXXXXXXXXX</del>			3 _____		
5 _____					
THUMBMARK  (MWA)			I hereby certify that the above (Ako ay nagpapalunay na ang lahat mga isinulat information are true and correct. ay totoo at tama.)  Signature (Lagda) 		

PLEASE READ REMINDERS AT THE BACK (BASAHIN ANG PAALALA SA LIKOD)

SSS Form No. 1 (Rev. 08/94) TEL: (03) 338-1000 FAX: (03) 338-1001