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

SS NUMBER

DATE & TIM

06-3786660-4

Annex A

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 LISE BLACK INK ONLY PART I - TO BE FILLED OUT BY THE REGISTRANT A. PERSONAL DATA (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) IDATE OF BIRTH (MMDDYYYY) NAME TAX IDENTIFICATION NUMBER (IF ANY) Single Married Widowed Legally Separated Others Male Female PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) NATIONALITY RELIGION (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION) (RM /FLR /UNIT NO. & BLDG. NAME) HOME ADDRESS (BARANGAY/DISTRICT/LOCALITY) ZIP CODE E-MAIL ADDRESS TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL NO.) MOBILE/CELLPHONE NUMBER FATHER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (LAST NAME) (FIRST NAME) B. BENEFICIARY/IES DATE OF BIRTH (MMDDYYYY) SPOUSE (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) CHILD/REN (LAST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY) 4. DATE OF BIRTH (MMDDYYYY) OTHER BENEFICIARY/IES (If without spouse and child and parents are both deceased) (SUFFIX) (LAST NAME) (FIRST NAME) (MIDDLE NAME) 2. C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE SELF-EMPLOYED (SE) OVERSEAS FILIPINO WORKER (OFW) NON-WORKING SPOUSE (NWS) Profession/Business SS No./Common Reference No. of Working Spouse Foreign Address Year Prof./Business Started Are you applying for membership I agree with my spouse's membership with SSS. in the Flexi-Fund Program? Monthly Earnings Monthly Earnings YES □ NO SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE D. CERTIFICATION Registrant is required to affix firm prints. 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.) RIGHT THUMB RIGHT INDEX PRINTED NAME PART II - TO BE FILLED OUT BY SSS WORKING SPOUSE'S MSC **BUSINESS CODE** (REPRESENTATIVE OFFICE/PARTNER AGENT) WISE BRANGHIFOREIGN DEFIGE (FOR SE) (FOR NWS) P MONTHLY SS CONTRIBUTION APPROVED MSC (FOR SE/OFW/NWS) (FOR SE/OFW/NWS) FERNATURE OZERIFINTED NAME P SIGNATURE OVER PRINTED NAME START OF PAYMENT FLEXI-FUND APPLICATION 'AY T. MARTENIN (FOR OFW) (FOR SE/NWS)

DATE & TIME

☐ Approved ☐ Disapproved

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