



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

SS NUMBER

COV-01214 (09-2015)

09-4022929-7

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT [www.sss.gov.ph](http://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**

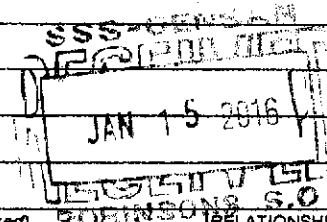
**A. PERSONAL DATA**

NAME (LAST NAME)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY)		
LUMANTAC		SHELLO MAE		LAIDIA				018   012   19   914		
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		ASSEMBLY OF GOD		GEN. SANTOS CITY						
HOME ADDRESS (RM/FLR./UNIT NO. & BLDG. NAME) (HOUSELOT & BLK. NO.) (STREET NAME) (SUBDIVISION)										
PURCK 2 BRGY. KATINCANAWAN GEN. SANTOS CITY										
(BARANGAY/DISTRICT/LOCALITY)			(CITY/MUNICIPALITY)			(PROVINCE)		(COUNTRY)		ZIP CODE
										950
MOBILE/CELLPHONE NUMBER			E-MAIL ADDRESS			TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)				
0942-584-8002			shello.mae.lumantac@janes.com							
FATHER (LAST NAME)		FATHER (FIRST NAME)		FATHER (MIDDLE NAME)		FATHER (SUFFIX)				
LUMANTAC		ERNESTO		CANO						
MOTHER'S MAIDEN NAME (LAST NAME)		MOTHER'S MAIDEN NAME (FIRST NAME)		MOTHER'S MAIDEN NAME (MIDDLE NAME)		MOTHER'S MAIDEN NAME (SUFFIX)				
LUMANTAC LAIDIA		FELICITA		LAIDIA POBLACION						

**B. DEPENDENT(S)/BENEFICIARY/IES**

Check this box if using additional sheet.

SPOUSE (LAST NAME)		SPOUSE (FIRST NAME)		SPOUSE (MIDDLE NAME)		SPOUSE (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (LAST NAME)		CHILD/REN (FIRST NAME)		CHILD/REN (MIDDLE NAME)		CHILD/REN (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
1.									
2.									
3.									
4.									
5.									
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased)								RELATIONSHIP	
(LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
1. (KAY J) LUMANTAC		KAY JASON		LAIDIA				BROTHER	
6   2   0   9   1   9   1   6									
2. LUMANTAC		PATRIA		QUIDLAT				NIECE	
0   2   0   3   2   0   1   3									



**C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE**

SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings		OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings		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	
				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.

SHELLO MAE L. LUMANTAC  
 PRINTED NAME

*S. Lumantac*  
 SIGNATURE

01-15-16  
 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		DAISY S. MACABANGA JAN 15 2016
MONTHLY SS CONTRIBUTION (FOR SE/OF/NWS)	APPROVED MSC (FOR SE/OF/NWS)	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
P	P		
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	MARIETA P. TOBIA	JAN 15 2016
		SIGNATURE OVER PRINTED NAME	DATE & TIME