



COV-01214 (09-2016)

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

NO SUPPORTING
DOCUMENTS SUBMIT

SS NUMBER
06-4210979-6

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)
SEX CIVIL STATUS TAX IDENTIFICATION NUMBER (IF ANY)
NATIONALITY RELIGION PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines)
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION)
MOBILE/CELLPHONE NUMBER E-MAIL ADDRESS TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)
FATHER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)
MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

B. DEPENDENT(S)/BENEFICIARY(IES)

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)
OTHER BENEFICIARY(IES) (if without spouse & child and parents are both deceased) (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) RELATIONSHIP DATE OF BIRTH (MMDDYYYY)

SELF-EMPLOYED (SE)

OVERSEAS FILIPINO WORKER (OFW)

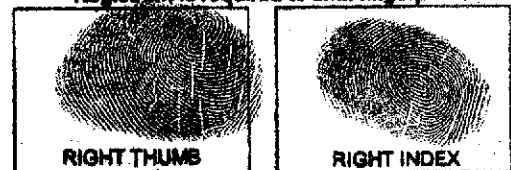
NON-WORKING SPOUSE (NWS)

Profession/Business Foreign Address SS No./Common Reference No. of Working Spouse
Year Prof./Business Started Monthly Earnings Are you applying for membership in the Flex-Fund Program?
Monthly Earnings 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.



DAQULES ANGELICA
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 (MRS./ BRANCH/SERVICE OFFICE)
MONTHLY SS CONTRIBUTION (FOR SE/OP/NWS) APPROVED MSC (FOR SE/OP/NWS) SIGNATURE OVER PRINTED NAME DATE & TIME
START OF PAYMENT (FOR SE/NWS) FLEXI-FUND APPLICATION (FOR OPW) REVIEWED BY (MRS. BRANCH/SERVICE OFFICE) SIGNATURE OVER PRINTED NAME DATE & TIME