



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

SS No. **06-4258917-0**

COV-01214 (09-2015)

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) ALINTON	(FIRST NAME) MAYBELLE	(MIDDLE NAME) MAHINAY	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 09 21 1999
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	CIVIL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others			TAX IDENTIFICATION NUMBER (IF ANY) N/A
NATIONALITY FILIPINO	RELIGION ROMAN CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY COUNTRY, if born outside the Philippines) CEBU CITY		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)
POPLACION		LILUAN	CEBUN	PHILIPPINES
MOBILE/CELLPHONE NUMBER 09223126615	E-MAIL ADDRESS alintonmaybelle28@yahoo.com	TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) N/A		
FATHER (LAST NAME) ALINTON	(FIRST NAME) BRIGIDO SR.	(MIDDLE NAME) LUCAS INCOB	(SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) MAHINAY	(FIRST NAME) HERMINIA	(MIDDLE NAME) DURADO	(SUFFIX)	

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE (LAST NAME) N/A	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)		
CHILDREN (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) (LAST NAME)		(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1.						
2.						

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

SELF-EMPLOYED (SE) Profession/Business N/A Year Prof./Business Started Monthly Earnings ₱	OVERSEAS FILIPINO WORKER (OFW) Foreign Address N/A Monthly Earnings ₱	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (₱) I agree with my spouse's membership with SSS. N/A 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.

MAYBELLE M. ALINTON
 PRINTED NAME

SIGNATURE

DATE

RIGHT THUMB

RIGHT INDEX

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 (SERVICE OFFICE/FOREIGN OFFICE)
	₱		MAR 21 2011
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
₱	₱	DATE & TIME	DATE & TIME
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)	
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	SIGNATURE OVER PRINTED NAME	DATE & TIME