

Republic of the Philippines SOCIAL SECURITY SYSTEM PERSONAL RECORD

FOR ISSUANCE OF SS NUMBER

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		PART I -	A. PERSO	ONAL DATA	REGISTR	ANT	CIPA DO DA OTROCA		James		
NAME (LAST N		(FIRST NAME	Committee of the Commit	(MIDDLE N	IAME)	(SUFFIX)	DATE OF BIRT	H (MMDDY	YYY)	NACTO AND	
ALIN	TON	MAYBE	LLE	MAHIN	VAY		0 9 2	1111	919	119	
SEX	CIVIL STATUS			A COMPANY OF THE PARTY OF THE P	Marie	T/	X IDENTIFICATIO	N NUMBE	ER (IF A	NY)	
☐ Male ☑ Female		☐ Married ☐ Wido			Others_		INA			1	
NATIONALITY FILIPINO	RELIGION	AN CATHOLIC	1	IRTH (CITY/MUNI	ICIPALITY, PRO	JINCE) (CIT) COUNTRY	, if born outside the	e Philippin	es)		
		NO. & BLDG, NAME)		CEBU CITY	Manager Assessment Statement	(STREET NAME)	(0.10)	DI (ID-O-1)			
HOME ADDRESS	(KMJFLKJUNII	NO. & BLDG, NAME)	(HOUSE/L	JI & BLK. NO.,		COGON	(508	DIVISION)			
(BARANGAY/DISTRICT	/LOCALITY)	(CITY/MUNICIPA	ALITY)	(PR	ROVINCE)	(C)	DUNTRY)		CODE		
POBLACION	AND THE PERSON NAMED IN COLUMN	LILOAN			CEBU	and the second s	IPPINES		002		
MOBILE/CELLPHONE NUM 09223126		E-MAIL ADDRES	is nmaybelle28@	vahoo.com		TELEPHONE NUMBER	R (COUNTRY CODE	- AREA CO	DE+ TEI	NO.)	
FATHER	(LAST NAM		(FIRST N	AME)		(MIDDLE NAME)	M. DR. W. CO., March 1999, Apr. Comp. on	(SUFFIX)			
	ALINTO		BRIGI		_ X	-LUCOBO INCOB					
MOTHER'S MAIDEN NAME			(FIRST N		1	(MIDDLE NAME)		(SUFFIX)			
	MAHINA	MALESTAN ASSESSMENT AND PROPERTY OF THE PARTY OF THE PART	HERW PENDENT(S)/BEN		MAN WHAT PERSON	DURADO CT CH	neck this box if u	cine add	itional	chao	
SPOUSE	(LAST NAM		IRST NAME)		DLE NAME)	(SUFF.X)	DATE OF BIRT			STICCE	
N/A							1111	8 1	1	1	
CHILD/REN	(LAST NAM	E) (F	RST NAME)	(MIDI	DLE NAME)	(SUFFIX)	DATE OF BIRT	H (WMDDY	YYY)	-,,,,	
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2.	1			-		THE RESIDENCE OF THE PARTY OF T	+				
3.	4				Autor communication was					1	
4.								1 1	1	1	
19.					Manager Manager Street of Contract of Cont		1 , 1 ;	1 1		-	
5.	75 11		t		RELATIONS	MATERIAL PROPERTY OF A STREET OF THE PARTY O	DATE OF BIRT	L ANADEY	2000		
(LAST NAME)		e & child and parents are I ST NAME) (MIDDLE	E NAME)	(SUFFIX)	RELATIONS	III.	I DINI	1 (INNOLOL) I	1117		
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	TA	The second secon			54.2. THE FALL STORY	AND THE COLUMN TWO CONTROL OF THE COLUMN TWO	1111	1	1	1	
2.		C. FOR SELF-EMPLOY	ED/OVERSEAS EI	IPINO WORK	ER/NON-W	ORKING SPOUSE	-hadrahenh		-	met som	
SELF-EMPLOYED (SE)	PERCENTAGE AND SERVICE	OVERSEAS FILIPINO WOI	WITH THE PARTY OF		Marian Trans	NON-WORKING	SPOUSE (NWS)	Miles How with	Section 1		
Profession/Business Foreign Address			6 \ [1	() [h			SS No./Common Reference No. of Working Spouse				
NIA			N)	1						1	
Year Prof./Business					Monthly Income o						
				applying for m		l agree with n	ny spouse's men	nbership	with S	SS.	
Monthly Earnings		Monthly Earnings in the Flexi-Fund Program?			N/A						
B B				YES [SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE				USE		
	The second secon		D. CERT	IFICATION			united and the second	AMERICAN AND AND AND AND AND AND AND AND AND A	-	MARINET	
I certify to	hat the informa	ation provided in this fo	orm are true and	correct.	_	Registrant is re	eguired to affix	fingerpr	ints.		
(If registrant cannot sign, affix fingerprints in the pr			esence of an SSS personnel.)								
			1								
			X								
MAYBELLE M. ALINTON			And .								
	ATURE	DATE	Name and Park	RIGHT THUMB	RIGHT THUMB RIGHT INDEX						
PRINTE	DNAME		ART I: - TO BE F			NOW THE PARTICIPATION OF THE PARTICIPATION		ACCUSED OF SALE	ALCOHOL: SANS	SUSSESSE STATE	
BUSINESS CODE	WORKING	WORKING SPOUSE'S MSC (FOR RECEIVED BY					CESSED BY	e li acrior		Depte San	
FOR SE)	NWS)	(R	EPRESENTATIVE OFFIC	E/PARTNER AGEN	(T)	CINSSHEW AND HASE	WOEDFFICE/FORE	A FT	0 4	00	
	P	-				CHELO C.	MINISTER 10	AK .	1	21	
MONTHLY SS CONTRIBUT	ION APPROVE				B 44 B 4 B 4	CIONATI DE CI	CO ODINTED MAKE	name and a	ATE & TH	WIF	
FOR SE/OFW/NWS)	IFOR SE/OF	L	SIGNATURE OVER PR	INTED NAME	DATE & TIM	SIGNATURE OV	ER PRINTED NAME	DA	VIE O 18	BIOTIN T	
DIADT OF PAYMENT	EI EYLEI II		ISS, BRANCH/SERVICE	OFFICE)		2					
START OF PAYMENT (FOR SEAWS)	(FOR OFW)										
	[7] A opro	ved Disapproved	SIGNAT	URE OVER PRINTE	ED NAME	, semanu	DATE & TIME		_		