



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM  
 PERSONAL RECORD**  
 FOR ISSUANCE OF SS NUMBER **06-4277873-2**

SS NUMBER

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)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
RIVERA		AVA ERIKA		PONO				11/14/1997	
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)			PLACE OF BIRTH (CITY, COUNTRY, if born outside the Philippines)		
FILIPINO		ROMAN CATHOLIC		CEBU CITY			CEBU CITY		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		HOME ADDRESS (HOUSE/LOT & BLK. NO)		HOME ADDRESS (STREET NAME)		HOME ADDRESS (SUBDIVISION)			
BARANGAY/DISTRICT/LOCALITY		CITY/MUNICIPALITY		PROVINCE		COUNTRY		ZIP CODE	
		POBLACION		BORDON		PHILIPPINES		6000	
MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS				TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)			
09565924286		riveravaerika@gmail.com							
FATHER (LAST NAME)		FATHER (FIRST NAME)		FATHER (MIDDLE NAME)		FATHER (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
RIVERA		APOLINARIO		COMENDADOR		JR.			
MOTHER'S MAIDEN NAME (LAST NAME)		MOTHER'S MAIDEN NAME (FIRST NAME)		MOTHER'S MAIDEN NAME (MIDDLE NAME)		MOTHER'S MAIDEN NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
PONO		FRA		MODEQUILLO					

**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		DATE OF BIRTH (MMDDYYYY)			
1. (LAST NAME)		1. (FIRST NAME)		1. (MIDDLE NAME)		1. (SUFFIX)		1. DATE OF BIRTH (MMDDYYYY)	
2. (LAST NAME)		2. (FIRST NAME)		2. (MIDDLE NAME)		2. (SUFFIX)		2. DATE OF BIRTH (MMDDYYYY)	

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

SELF-EMPLOYED (SE) Profession/Business		OVERSEAS FILIPINO WORKER (OFW) Foreign Address		NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started		Monthly Earnings		Monthly Income of Working Spouse (P)	
Monthly Earnings		Are you applying for membership in the Flexi-Fund Program?		I agree with my spouse's membership with SSS.	
P		P <input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE	

**D. CERTIFICATION**

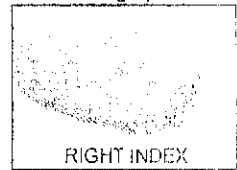
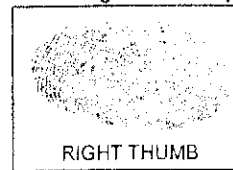
I certify that the information provided in this form are true and correct.  
 (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

AVA ERIKA P. RIVERA  
 PRINTED NAME

A. Rivera  
 SIGNATURE

04/25/19  
 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		P		SIGNATURE OVER PRINTED NAME DATE & TIME		SIGNATURE OVER PRINTED NAME DATE & TIME	
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)		APPROVED MSC (FOR SE/OFW/NWS)		REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)		DATE & TIME	
P		P		SIGNATURE OVER PRINTED NAME		DATE & TIME	
START OF PAYMENT (FOR SE/NWS)		FLEXI-FUND APPLICATION (FOR OFW)		SIGNATURE OVER PRINTED NAME		DATE & TIME	
		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved					