



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

SS NUMBER
 002 2827117

DOF-01214 (09-2015)

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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) MENDOZA		NAME (FIRST NAME) KARINA CHARMAIGNE		NAME (MIDDLE NAME) JAVA		DATE OF BIRTH (MMDDYYYY) 012/118/19917	
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) 9122328348	
NATIONALITY FILIPINO		RELIGION RC		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) CEBU CITY		CITY, COUNTRY, if born outside the Philippines PHILIPPINES	
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) DAS			(HOUSE/LOT & BLK. NO.) TOLEDO CITY		(STREET NAME) CEBU		(SUBDIVISION) PHILIPPINES
(BARANGAY/DISTRICT/LOCALITY) DAS			(CITY/MUNICIPALITY) TOLEDO CITY		(PROVINCE) CEBU		(COUNTRY) PHILIPPINES
MOBILE/CELLPHONE NUMBER 09956230133		E-MAIL ADDRESS karinacharmaine29@gmail.com		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) 6038			
FATHER (LAST NAME) MENDOZA		FATHER (FIRST NAME) WENDELL		FATHER (MIDDLE NAME) BACHARO		FATHER (SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) JAVA		MOTHER'S MAIDEN NAME (FIRST NAME) STEPHANIE		MOTHER'S MAIDEN NAME (MIDDLE NAME) BARCELONA		MOTHER'S MAIDEN NAME (SUFFIX)	

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE (LAST NAME) PRANING		SPOUSE (FIRST NAME) GABRIEL CHASE		SPOUSE (MIDDLE NAME) MENDOZA		SPOUSE (SUFFIX)		DATE OF BIRTH (MMDDYYYY) 09/01/20117	
CHILD/REN (LAST NAME) PRANING		CHILD/REN (FIRST NAME) GABRIEL CHASE		CHILD/REN (MIDDLE NAME) MENDOZA		CHILD/REN (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased) (LAST NAME)		OTHER BENEFICIARY/IES (FIRST NAME)		OTHER BENEFICIARY/IES (MIDDLE NAME)		OTHER BENEFICIARY/IES (SUFFIX)		RELATIONSHIP	
DATE OF BIRTH (MMDDYYYY)									

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

SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings P		OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings P		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	
		Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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.

KARINA CHARMAIGNE MENDOZA
 PRINTED NAME

[Signature]
 SIGNATURE

05-03-19
 DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)		WORKING SPOUSE'S MSC (FOR NWS) P		RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)		RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)	
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P		APPROVED MSC (FOR SE/OFW/NWS) P		SIGNATURE OVER PRINTED NAME DATE & TIME		SIGNATURE OVER PRINTED NAME DATE & TIME	
START OF PAYMENT (FOR SE/NWS)		FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)		SIGNATURE OVER PRINTED NAME DATE & TIME	

SSS CEBU BRANCH MEMBERS CENTER
 RECEIVED & PROCESSED BY
 SIGNATURE OVER PRINTED NAME
 DATE & TIME