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

SS NUMBER

06-3751307-3

CCV-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 BE BOLD ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME) SEVILLE	(FIRST NAME) WOLFGANG KEITH	(MIDDLE NAME) BACOLOD	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 09/25/1997
SEX <input checked="" type="checkbox"/> Male <input 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)
NATIONALITY FILIPINO	RELIGION ROMAN CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) BANTAYAN, CEBU		
HOME ADDRESS (RM/FLR./UNIT NO. & BLDG NAME)		(HOUSE/LOT & BLK. NO.) 0198	(STREET NAME) UPPER VILLA BULSITA	(SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY) BRGY. BULACAO	(CITY/MUNICIPALITY) CEBU CITY	(PROVINCE) CEBU	(COUNTRY) PHILIPPINES	ZIP CODE 6000
MOBILE/CELLPHONE NUMBER 0928694023	E-MAIL ADDRESS KEYITSMEWOLFGANGKEITH@YAHOO.COM	TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)		
FATHER (LAST NAME) SEVILLE	(FIRST NAME) OLIVER	(MIDDLE NAME) CLARITO	(SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) BACOLOD	(FIRST NAME) ANGELITA	(MIDDLE NAME) DERDER	(SUFFIX)	

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE (LAST NAME) SEVILLE	(FIRST NAME) JAMAICA KEATHER	(MIDDLE NAME) BACOLOD	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 04/05/2000
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
1. SEVILLE	JAMAICA KEATHER	BACOLOD		SISTER
2. SEVILLE	OLLIFE ANGEU	BACOLOD		SISTER
				DATE OF BIRTH (MMDDYYYY) 06/25/2006

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

SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings	OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings	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.

WOLFGANG KEITH B. SEVILLE
PRINTED NAME

Wolfgang Keith B. Seville
SIGNATURE

10/19/2015
DATE



PART II - TO BE FILLED OUT BY SSS

SUBSCRIBER CODE (FOR SE): P	WORKING SPOUSE'S MSC (FOR NWS): P	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) SIGNATURE OVER PRINTED NAME DATE & TIME	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) SOCIAL SECURITY SYSTEM MEMBER SERVICE SECTION SIGNATURE OVER PRINTED NAME DATE & TIME OCT 19 2015
MONTHLY SS CONTRIBUTION (FOR SE/PFW/NWS): P	APPROVED MSC (FOR SE/CFW/NWS): P	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) SIGNATURE OVER PRINTED NAME DATE & TIME	
START OF PAYMENT (FOR SE/PFW/NWS):	FLEXI-FUND APPLICATION (FOR OFW): <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		