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COV-01214 (09-2015)

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

SS NUMBER

06-3896463-1

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

Form section A containing personal data: NAME (ANTIPUESTO NINA RUTHCHIE BOLO), SEX (Female), CIVIL STATUS (Single), NATIONALITY (FILIPINO), RELIGION (ROMAN CATHOLIC), PLACE OF BIRTH (CEBU CITY), HOME ADDRESS (SACRED HEART VILLAGE), MOBILE/CELLPHONE NUMBER (09379934580), E-MAIL ADDRESS (ninaruthchie@gmail.com), TELEPHONE NUMBER (6045), FATHER (GERARDO BANILI ESTILLORE), MOTHER'S MAIDEN NAME (BOLO DELIA ESTILLORE).

B. DEPENDENT(S)/BENEFICIARY/IES

Form section B for dependents/beneficiaries. Includes fields for SPOUSE, CHILD/REN (1-5), and OTHER BENEFICIARY/IES (1-2).

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

Form section C for employment status: SELF-EMPLOYED (SE), OVERSEAS FILIPINO WORKER (OFW), and NON-WORKING SPOUSE (NWS).

D. CERTIFICATION

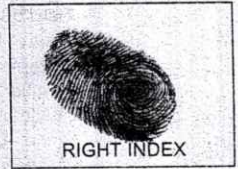
I certify that the information provided in this form are true and correct. (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

ANTIPUESTO NINA RUTHCHIE
PRINTED NAME

SIGNATURE

DATE



PART II - TO BE FILLED OUT BY SSS

Form section II for SSS processing: BUSINESS CODE, WORKING SPOUSE'S MSC, MONTHLY SS CONTRIBUTION, START OF PAYMENT, RECEIVED BY, REVIEWED BY, and SIGNATURE OVER PRINTED NAME.