


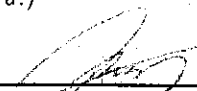


SS NUMBER <i>CS-1984782-4</i>		SOCIAL SECURITY SYSTEM <b>PERSONAL RECORD</b> (Please Use Black Ink Only) (Gumamit ng Itim na Tinta Lamang)		 <b>E-1</b> (Rev. 08/94)	
SURNAME (APELYIDO) <i>APAL</i>		GIVEN NAME (PANGALAN) <i>JUSUA DAE</i>		MIDDLE NAME (GITNANG PANGALAN) <i>DACER</i>	
ADDRESS (NO. & STREET; CITY/TOWN & PROVINCE) (TIRAHAN: BILANG AT KALYE, LUNGSOD/BAYAN AT LALAWIGAN) <i>1st EAST, ALIVIO STREET, ...</i>				POSTAL CODE <i>...</i>	
SEX (KASARIAN) <input type="checkbox"/> MALE (LALAKI) <input type="checkbox"/> FEMALE (BABAE)		DATE OF BIRTH (KAPANGANAKAN) m m d d y y <i>0 6 3 0</i>		CIVIL STATUS (KATAYUANG SIBIL) <input type="checkbox"/> SINGLE (WALANG ASAWA) <input type="checkbox"/> MARRIED (MAY ASAWA) <input type="checkbox"/> WIDOWED (BALO)	
<b>BENEFICIARIES (MAKIKINABANG)</b>					
SPOUSE (ASAWA)			FATHER (AMA) <i>NOMAR A. APAL</i>		
CHILDREN (MGA ANAK)		DATE OF BIRTH (KAPANGANAKAN) m m d d y y		MOTHER (INA) <i>MARIFE D. APAL</i>	
1				OTHER BENEFICIARIES (IF WITHOUT SPOUSE, CHILD OR PARENT) (IBANG MAKIKINABANG: KUNG WALANG ASAWA, ANAK O MAGULANG)	
2				NAME (PANGALAN) RELATIONSHIP (RELASYON)	
3				1	
4				2	
5				3	
THUMBMARK  (KALIWA)			 (KANAN)		
I hereby certify that the above (Ako ay nagpapatunay na ang aking mga isinaad information are true and correct. ay totoo at tama.)   Signature (Lagda)					

CONSOLIDATED PAPER PRODUCTS, INC. TEL. # 883-8226 TO 32 FAX # 883-8899

SSS Iligan Branch  
Members Service Section  
**RECEIVED**  
*Nov 06 2012*  
BY: BERNADIN R. MAGTAGAN  
DATE: \_\_\_\_\_

PLEASE READ REMINDERS AT THE BACK (BASAHIN ANG PAALALA SA LIKOD)