

## Republic of the Philippines SOCIAL SECURITY SYSTEM PERSONAL RECORD

FOR ISSUANCE OF SS NUMBER

SS NUMBER

06-3944952-4

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) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH AND DATE OF BIRTH					
ROSAL		AME) (MIDDLE NAME)  ROY ROSAS		OF BIRTH (MMDDYYYY)	
	IVIL STATUS	103/13			
		idowed Legally Separated Other		IFICATION NUMBER (IF ANY)	
NATIONALITY RI	ELIGION Warned LI W			outside the Philippiness)	
FILIPINO	CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY BUSAY, (E)	BU CITY (EBU	outside the Philippines)	
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION)					
BUSAT	CET (CITYMUNIC	OPALITY) (PROVINCE)	U PHILIPP	INES ZIPCODE	
MODIL FOR LINE WILLIAM					
一种,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个					
FATHER	ROSALDO	(FIRST NAME) SILVERIO	(MIDDLE NAME) WEL MAR	(SUFFIX)	
MOTHER'S MAIDEN NAME	(LAST NAME)			(SUFFIX)	
Fried Control		(FIRST NAME)	(MIDDLE NAME) RAMIREZ		
B. DEPENDENT(S)/BENEFICIARY/IES Check this box if using additional sheet.  SPOUSE (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH AND DATE OF BIRTH BATCH					
1	(EACT MAINE)	(FIRST NAME) (MIDDLE NAME	(SUFFIX) DATE	OF BIRTH (MMDDYYYY)	
CHILD/REN	(LAST NAME)	(FIRST NAME) (MIDDLE NAME	S) (SUFFIX) DATE	OF BIRTH (MMDDYYYY)	
1.			) I		
2.					
3.					
4.				1 1 1 1 1 1	
5.  OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)  RELATIONSHIP  DATE OF BIRTH (MMDDYYYY)					
(LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)					
1.					
2.					
C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)  OVERSEAS FILIPINO WORKER (OFW)  Profession/Business  Foreign Address			NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse		
Profession/Business	Foreign Address		SS No./Common Refere	nce No. of Working Spouse	
Year Prof./Business Star	rted		Monthly Income of Working	Secure (D)	
				with my spouse's membership with SSS.	
Monthly Earnings	Monthly Earnings	Monthly Earnings in the Flexi-Fund Program?			
P		☐ YES ☐ NO	YES NO SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE		
D. CERTIFICATION					
I certify that the information provided in this form are true and correct.  Registrant is required to affix fingerprints.					
(If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)				#0-17 PM	
	OX	Am			
VAN ROY R	. ROSALDO //	03/16/17			
PRINTED NA		NATURE DATE	RIGHT THUMB	RIGHT INDEX	
PART II - TO BE FILLED OUT BY SSS					
BUSINESS CODE WORKING SPOUSE'S MSC (FOR RECEIVED BY RECEIVED & PROCESSED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) (MSS, BRANCH/SERVICEOFFICE/FOREIGN OFFICE)					
The Market Harry	P			NIÑO I. MAGALLON	
MONTHLY SS CONTRIBUTION APPROVED MSC				Section 03/17/17 1:57	
(FOR SE/OFW/NWS)			DATE & TIME		
P START OF PAYMENT	P FLEXI-FUND APPLICATION	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)			
(FOR SE/NWS)	(FOR OFW)				
Approved Disapproved SIGNATURE OVER PRINTED NAME DATE & TIME					
SALE OF THE SALE O					