



COV-01214 (09-2015)

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

Form section A containing personal data: NAME (ROSALDO VAN ROY ROSAS), DATE OF BIRTH (07/28/1998), SEX (Male), CIVIL STATUS (Single), NATIONALITY (FILIPINO), RELIGION (CATHOLIC), PLACE OF BIRTH (BUSAY, CEBU CITY, CEBU), HOME ADDRESS (BUSAY, CEBU CITY, CEBU, PHILIPPINES), MOBILE/CELLPHONE NUMBER (09157007806), E-MAIL ADDRESS (vanroyrosaldogs@gmail.com), TELEPHONE NUMBER, FATHER (ROSALDO SILVERIO DEL MAR), MOTHER'S MAIDEN NAME (ROSAS NANCY RAMIREZ).

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

Form section B for dependents/beneficiaries. Includes fields for SPOUSE, CHILD/REN (1-5), and OTHER BENEFICIARY/IES (1-2) with columns for name, relationship, and date of birth.

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

Form section C with three columns: SELF-EMPLOYED (SE), OVERSEAS FILIPINO WORKER (OFW), and NON-WORKING SPOUSE (NWS). Includes fields for profession, earnings, foreign address, and membership application.

D. CERTIFICATION

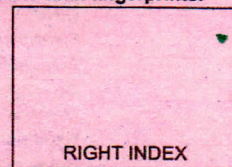
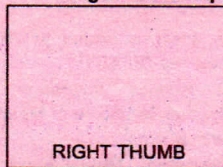
I certify that the information provided in this form are true and correct. (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

VAN ROY R. ROSALDO
PRINTED NAME

[Signature]
SIGNATURE

03/16/17
DATE



PART II - TO BE FILLED OUT BY SSS

Form section II for SSS processing. Includes fields for BUSINESS CODE, WORKING SPOUSE'S MSC, MONTHLY SS CONTRIBUTION, START OF PAYMENT, RECEIVED BY, REVIEWED BY, and RECEIVED & PROCESSED BY (NIÑO I. MAGALLON).