

COV-01214 (09-2015)

Republic of the Philippines

SOCIAL SECURITY SYSTEM PERSONAL RECORD

FOR ISSUANCE OF SS NUMBER

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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.

OSE BLACK INK ONLY.		TO SECURE USE CONTROL THE TAT AT A PROPERTY OF THE SECURE							
		PART I - TO F	E FILLED OUT BY TH	E REGISTE	RANT		T DESCRIPTION OF THE PARTY.	-	
NAME (LAST NAM	(F)	(FIRST NAME)	A. PERSONAL DATA						
SABOR BORT		LEY ZON		E NAME)	(SUFFIX)	DATE OF	(00)		55
	CIVIL STATUS	LE7 CUN	(XIX	+LAKI		05			
- 1000 miles					TA	AX IDENTIFIC	CATION N	UMBER	(IF ANY)
Male Female NATIONALITY		Married Widowed	Legally Separated	Others _					1 1
	RELIGION	54 E 190 V	PLACE OF BIRTH (CITY/MI	UNICIPALITY, PRO	OVINCE) (CITY, COUNTRY	, if born outsi	de the Ph	ilippines)	
FILIP HAD	KONAN	CATHOLIC	(HOUSE/LOT & BLK. NO.)	SOLUTER	RN IEUTP				
			(HOUSE/LOT & BLK. NO.)	9 5 11.0	(STREET NAME)		(SUBDIVIS	SION)	
UPUR D-1, 18K	ley, can	PAAN, HIMM AT	NEAN SO CITHE	PH LE	EUTE				
(BARANGAT/DISTRICT/LO	CALHY)	(CITY/MUNICIPALITY)		(PROVINCE)	(00	DUNTRY)		ZIP COD	
MOBILE/ÇELLPHONE NUMBE	R	IE-MAIL ADDRESS						460	28
0946-354-	2293		arton a amo	i (1500)	TELEPHONE NUMBER	R (COUNTRY (CODE+ ARE	EA CODE+	TEL. NO
FATHER	(LAST NAME)	- IT GHAINS	(FIRST NAME)	ar wrot	(MIDDLE NAME)		(SUFF	EIV	
SABOR (30 RO		JAIME (FIRST NAME)	1	CeunDAY		(SUFF	-IA)	
MOTHER'S MAIDEN NAME	(LAST NAME)				(MIDDLE NAME)		(SUFF	FIX)	
MALA	rK1		DEVORA	-	PALOANPAN	Į.	1000		
		B. DEPEND	ENT(S)/BENEFICIARY/I	ES		eck this box	c if using	addition	nal sho
SPOUSE	(LAST NAME)	(FIRST NA		DDLE NAME)	(SUFFIX)	DATE OF	BIRTH (MA	MDDYYYY	iai site
						1	1 1	1	1 1
CHILD/REN ·	(LAST NAME)	(FIRST NA	ME) (MI	DDLE NAME)	(SUFFIX)	DATE OF E	RIPTH (MA	400000	\perp
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5.						 	- 		
	ithout spause 8	child and parents are both dec							
(LAST NAME)	(FIRST NA	AME) (MIDDLE NAME)	(SUFFIX)	RELATIONSH	IIP	DATE OF B	IRTH (MM	DDYYYY)	
1.			(00111/)		•				
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2.						1	1	1 1	1
	C. F	OR SELF-EMPLOYED/OVE	RSEAS FILIPINO WOR	KER/NON-WO	ORKING SPOUSE				
SELF-EMPLOYED (SE) Profession/Business		RSEAS FILIPINO WORKER (C	FW)	THE PERSON NAMED IN	NON-WORKING SI	POUSE (NW	S)		-
		Foreign Address	Foreign Address			SS No./Common Reference No. of Working Spouse			
					.	1 1 1	1 1	1 1	1
Year Prof./Business Star	rted				Monthly Income of V	Norking Spor	ISO (D)		
			Are you applying for i	membership	I agree with my	spouse's r	nemhers	hin with	222
Monthly Earnings		Monthly Earnings	in the Flexi-Fund Pro-			ороссоот	nompors	mp with	000.
P		P	☐ YES ☐	ON C					
	-	AND DESCRIPTION OF THE PROPERTY OF THE PERSON OF THE PERSO	CALL DATE OF THE PARTY OF THE P		SIGNATURE OVER	R PRINTED NA	ME OF WO	RKING SP	OUSE
Lagarify the Li	L	THE RESERVE OF THE PROPERTY OF THE PERSON NAMED IN	D. CERTIFICATION		Company of the Asset	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(If registrent see	ne information	provided in this form are	true and correct.	_	Registrant is rec	uired to af	fix finge	rprints.	
(ii registrant can	inot sign, attix tii	ngerprints in the presence of	f an SSS personnel.)		2 2 4			5.	
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	BORBORD	- 1/11-	MAIN. 20	2019	D. Committee		4	T.	
PRINTED NAM	ME	S'GNATURE	DATE	BUTTERS OF THE PARTY OF THE PAR	RIGHTTHUMB		RIGHT	NDEX	
USINESS CODE	WORKING SEC		TO BE FILLED OUT	BY SSS	ATTIMES.				
OR SE)	NWS)		BY TATIVE OFFICE/PARTNER AGE!	(77)	RECEIVED & PROC				
Α.	passassas.	I THE THE SERV	TAINE OFFICE PARTNER AGE	*(1)	(MSS, BRANCH/SERVI	SEOFFICE/FO	REIGN OFF	ICE)	
ONTHLY SS CONTRIBUTION	APPROVED MS				XXX	ί			
OR SE/OFW/NWS)	(FOR SE/OFW/NW	vs)			FATIMA 9.00			019 01	:41 PM
2	P	REVIEWED	IRE OVER PRINTED NAME	DATE & TIME	Cebus BNATURE BYER	を変える	ME	DATE & T	IME
TART OF PAYMENT	FLEXI-FUND AF		CH/SERVICE OFFICE)	1					
OR SE/NWS)	(FOR OFW)		FATIMA C. J	ORINA					
	Approved	Disapproved	SIGNATURE OVER ARNITE					-	
The state of the s	1,1,1,0,00	The state of the s	SIGNATURE OVER PRINTE	D MAINE THE		DATE & TI	ME	PERSONNELLE	