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

SS NUMBER  
**06-4291803-9**

COV-01214 (09-2015)

**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  
USE BLACK INK ONLY.

**PART I - TO BE FILLED OUT BY THE REGISTRANT**

**A. PERSONAL DATA**

NAME (LAST NAME) <b>LUGO</b>		(FIRST NAME) <b>ALYN MAY THERESE</b>		(MIDDLE NAME) <b>ROSALADA</b>	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) <b>05/03/2010</b>
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	CIVIL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others				TAX IDENTIFICATION NUMBER (IF ANY) <b>NA</b>	
NATIONALITY <b>FILIPINO</b>	RELIGION <b>ROMAN CATHOLIC</b>	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) <b>CEBU CITY, CEBU</b>				
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) <b>GUN-03</b>		(HOUSE/LOT & BLK. NO.)	(STREET NAME) <b>CARAJAY</b>	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) <b>LAPU-LAPU CITY</b>	(CITY/MUNICIPALITY) <b>CEBU</b>	(PROVINCE) <b>PHILIPPINES</b>	(COUNTRY)		ZIP CODE <b>6015</b>	
MOBILE/CELLPHONE NUMBER <b>09 222 854 706</b>	E-MAIL ADDRESS <b>lugothersese@gmail.com</b>		TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.) <b>NA</b>			
FATHER (LAST NAME) <b>LUGO</b>	(FIRST NAME) <b>ALENOGENE</b>	(MIDDLE NAME) <b>ROSALADA</b>	(SUFFIX) <b>CEMPRON</b>			
MOTHER'S MAIDEN NAME (LAST NAME) <b>ROSALADA</b>	(FIRST NAME) <b>ESTRELLA</b>	(MIDDLE NAME) <b>BARELLANO</b>	(SUFFIX)			

**B. DEPENDENT(S)/BENEFICIARY/IES**

Check this box if using additional sheet

SPOUSE (LAST NAME) <b>NA</b>	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILDREN (LAST NAME) <b>NA</b>	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)				RELATIONSHIP
(LAST NAME) <b>NA</b>	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)

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

<b>SELF-EMPLOYED (SE)</b> Profession/Business <b>NA</b> Year Prof./Business Started _____ Monthly Earnings P _____	<b>OVERSEAS FILIPINO WORKER (OFW)</b> Foreign Address <b>NA</b> Monthly Earnings P _____ Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NON-WORKING SPOUSE (NWS)</b> SS No./Common Reference No. of Working Spouse <b>NA</b> Monthly Income of Working Spouse (P) I agree with my spouse's membership with SSS SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE
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**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.

**ALYN MAY THERESE LUGO**  
PRINTED NAME

*[Signature]*  
SIGNATURE

**May 20, 2019**  
DATE



**PART II - TO BE FILLED OUT BY SSS**

BUSINESS CODE (FOR SE) P	WORKING SPOUSE'S MSC (FOR NWS) P	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) <b>MAY 20 2019</b> SIGNATURE OVER PRINTED NAME DATE & TIME	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE) <b>SSS LAPU-LAPU BRANCH</b> <input checked="" type="checkbox"/> COMPARED WITH THE ORIGINAL SIGNATURE OVER PRINTED NAME DATE & TIME <b>CHELICIE A. BARATAS</b>
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)	
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	SIGNATURE OVER PRINTED NAME	DATE & TIME