

Republic of the Philippines  
**SOCIAL SECURITY SYSTEM  
 PERSONAL RECORD**  
 PORTABILITY OF SS NUMBER

Annex A

SS NUMBER

06-3754917-0

GOV 01193 (03-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THROUGH THE SSS WEBSITE. PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILING OUT THIS FORM. PRINT ALL INFORMATION IN LEGAL 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 (MM/DD/YYYY)
DETE	EMIL	ANIE		10/10/1977
GENDER	CIVIL STATUS			TAX IDENTIFICATION NUMBER (if any)
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others			
NATIONALITY	RELIGION	PLACE OF BIRTH (CITY/MUNICIPALITY/PROVINCE / CITY/TOWN/VILLAGE / POST OFFICE / ZIP CODE)		
FILIPINO	ROMAN CATHOLIC	BATA, LITORAL, CEBU		
HOME ADDRESS (ANGEL'S UNIT NO. & BLDG. NAME)	HOUSELOT & BLK. NO.	STREET NAME	CITY/TOWN/VILLAGE	
		LANTAR	LANTAR	
BARANGAY/DISTRICT/LOCALITY	CITY/MUNICIPALITY	PROVINCE	COUNTRY	ZIP CODE
		CEBU	PHILIPPINES	
MOBILE/CELLPHONE NUMBER	EMAIL ADDRESS	TELEPHONE NUMBER (COUNTRY CODE, AREA CODE AND NO.)		
FATHER (LAST NAME)	FIRST NAME	MIDDLE NAME	SUFFIX	
MOTHER (LAST NAME)	FIRST NAME	MIDDLE NAME	SUFFIX	

**B. BENEFICIARIES**

1. GROUP (LAST NAME)	FIRST NAME	MIDDLE NAME	SUFFIX	DATE OF BIRTH (MM/DD/YYYY)
2. CHILDREN (LAST NAME)	FIRST NAME	MIDDLE NAME	SUFFIX	DATE OF BIRTH (MM/DD/YYYY)
3.				
4.				

OTHER BENEFICIARIES (if without spouse and child and/or heirs, the form is optional)

1.				
2.				

**C. FOR SELF-EMPLOYED/OVERSEAS EMPLOYMENT**

SELF-EMPLOYED (Profession/Business)	OVERSEAS EMPLOYMENT (Profession/Business)	DATE OF BIRTH (MM/DD/YYYY)
Year Prof./Business Started	Are you applying for membership in the Flex Fund Program?	DATE OF BIRTH (MM/DD/YYYY)
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Web/Mail Earnings	Monthly earnings	DATE OF BIRTH (MM/DD/YYYY)
P		

**D. CERTIFICATION**

I certify that the information provided in this form are true and correct.  
 (If registrant cannot sign with his/her own hand, presence of an SSS authorized officer)

PRINTED NAME: EMIL ANIE DETE SIGNATURE: [Signature] DATE: 10/10/2015

RIGHT SIGNATURE: [Signature] DATE: 10/10/2015

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

BUSINESS CODE (POSID)	POSTING STATUS (POSTING)	DATE OF BIRTH (MM/DD/YYYY)	RECEIVED BY (NAME)
	P		
MONTHLY CONTRIBUTION (FOR BENEVOLENCE)	APPROVED (NO. OF BENEVOLENCE)	SIGNATURE OVER FLEX FUND APPLICATION	DATE OF BIRTH (MM/DD/YYYY)
P	P		
START OF PAYMENT (FOR BENEVOLENCE)	FLEX FUND APPLICATION (NO. OF FD)	DATE OF BIRTH (MM/DD/YYYY)	
	<input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> DISAPPROVED		