



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

06-4067215-7

SS NUMBER

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 AND USE BLACK INK ONLY.

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

**A. PERSONAL DATA**

NAME (LAST NAME) <b>DE LA PIEDRA</b>		(FIRST NAME) <b>JOHNNY ISABELO</b>		(MIDDLE NAME) <b>ORAN</b>	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) <b>12   12   19   97</b>	
SEX <input checked="" type="checkbox"/> Male <input 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)	
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>1849</b>		(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION) <b>SINGSON COMPOUND</b>			
(BARANGAY/DISTRICT/LOCALITY) <b>GUADALUPE</b>	(CITY/MUNICIPALITY) <b>CEBU CITY</b>	(PROVINCE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	ZIP CODE <b>6000</b>			
MOBILE/CELLPHONE NUMBER <b>09336237156</b>	E-MAIL ADDRESS <b>johnnydp1279@gmail.com</b>		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) <b>NONE</b>				
FATHER (LAST NAME) <b>DE LA PIEDRA</b>	(FIRST NAME) <b>CRESENTE</b>	(MIDDLE NAME) <b>ILIGAN</b>	(SUFFIX)				
MOTHER'S MAIDEN NAME (LAST NAME) <b>ORAN</b>	(FIRST NAME) <b>FE</b>	(MIDDLE NAME) <b>VILLACERAN</b>	(SUFFIX)				

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

Check this box if using additional sheet.

SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILD/REN (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1.				
2.				
3.				
4.				
5.				
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased) (LAST NAME) (FIRST NAME) (MIDDLE NAME)			RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1.				
2.				

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

<b>SELF-EMPLOYED (SE)</b> Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings P _____	<b>OVERSEAS FILIPINO WORKER (OFW)</b> Foreign Address _____ 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 _____ 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.

**JOHNNY ISABELO O. DE LA PIEDRA**  
 PRINTED NAME

*Johny*  
 SIGNATURE

**1-16-18**  
 DATE



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

BUSINESS CODE (OR SE)	WORKING SPOUSE'S MSC (FOR NWS) P	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) <b>SOCIAL SECURITY SYSTEM MEMBERS SERVICES SECTION CEBU CITY BRANCH</b> 217 SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____ <b>JAN 16 2018</b>
MONTHLY SS CONTRIBUTION (OR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) SIGNATURE OVER PRINTED NAME _____	<b>NIÑO I. MAGALLON</b> SOCIAL SECURITY SYSTEM CEBU CITY BRANCH
PART OF PAYMENT (OR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		