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

SS NUMBER
00-5823244-4

012-14 (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)		FIRST NAME		MIDDLE NAME	SUFFIX	DATE OF BIRTH (MMDDYYYY)	
QUEROGA		JAN MICHAEL				09 23 1993	
SEX	CIVIL STATUS				TAX IDENTIFICATION NUMBER (IF ANY)		
<input checked="" type="checkbox"/> Male <input 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, COUNTRY, if born outside the Philippines)					
FILIPINO	CHRISTIAN	Cebu City, Cebu, Philippines					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BEK. NO.)		(STREET NAME)		(SUBDIVISION)	
DULJO FAJINA		FOR CERO		MARIYANES			
(BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY)		(PROVINCE)		(COUNTRY)	
						ZIP CODE	
						6600	
MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS			TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)			
0929375913	MCQUELOGA @ GMAIL .COM						
FATHER (LAST NAME)	FIRST NAME		MIDDLE NAME	SUFFIX			
QUEROGA	JAN MICHAEL			NONE			
MOTHER'S MAIDEN NAME (LAST NAME)	FIRST NAME		MIDDLE NAME	SUFFIX			
CRONIN	JOSE LUIS			VICTORIA			

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE (LAST NAME)		FIRST NAME		MIDDLE NAME	SUFFIX	DATE OF BIRTH (MMDDYYYY)	
CHILDREN (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)		RELATIONSHIP		DATE OF BIRTH (MMDDYYYY)			
1.							
2.							

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

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

D. CERTIFICATION

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

Registrant is required to affix fingerprints.

JAN MICHAEL QUEROGA
PRINTED NAME

SIGNATURE

DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS)	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (MSS BRANCH)
	P		SOCIAL SECURITY SYSTEM MEMBERS SERVICES SECTION CEBU CITY BRANCH
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
P	P		
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (MSS BRANCH/SERVICE OFFICE)	SIGNATURE OVER PRINTED NAME
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		

MAY 11 2016

MARIA PRIM DIANA TABAGA
RECEIVED/CERTIFIED COPY OF ORIGINAL