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COV-01214 (09-2015)

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

SS NUMBER

06-3900326-1

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)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
GONZO		JAY MICHAEL		LUIEZ				10/11/1973	
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		ROMAN CATHOLIC		CORON CITY					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)			HOUSE/LOT & BLK. NO.		STREET NAME		SUBDIVISION		
SANTO CRUZ			1924		MINDAO		WILLIAM LINES		
(BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY)		(PROVINCE)		(COUNTRY)		ZIP CODE	
SANTO CRUZ		CORON CITY		CAGAI		PHILIPPINES			
MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS			TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)				
0917 553 5536		jaygonzo@gmail.com							
FATHER (LAST NAME)		FATHER (FIRST NAME)		FATHER (MIDDLE NAME)		FATHER (SUFFIX)			
GONZO		JAY		LUIEZ		LUIEZ			
MOTHER'S MAIDEN NAME (LAST NAME)		MOTHER'S MAIDEN NAME (FIRST NAME)		MOTHER'S MAIDEN NAME (MIDDLE NAME)		MOTHER'S MAIDEN NAME (SUFFIX)			
GONZO		JANE		LUIEZ		LUIEZ			

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE (LAST NAME)		SPOUSE (FIRST NAME)		SPOUSE (MIDDLE NAME)		SPOUSE (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (LAST NAME)		CHILD/REN (FIRST NAME)		CHILD/REN (MIDDLE NAME)		CHILD/REN (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. (LAST NAME)		1. (FIRST NAME)		1. (MIDDLE NAME)		1. (SUFFIX)			
2. (LAST NAME)		2. (FIRST NAME)		2. (MIDDLE NAME)		2. (SUFFIX)			

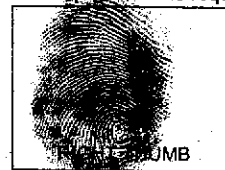
C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business		Foreign Address		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 P		Monthly Earnings P <input type="checkbox"/> YES <input type="checkbox"/> NO		I agree with my spouse's membership with SSS.	
				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, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.



JAY MICHAEL G. GONZO

[Signature]

NOV 17 2016

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 BY (MSS. BRANCH/SERVICE OFFICE)	
P		P		SIGNATURE OVER PRINTED NAME DATE & TIME		SIGNATURE OVER PRINTED NAME DATE & TIME	
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)		APPROVED MSC (FOR SE/OFW/NWS)		REVIEWED BY (MSS. BRANCH/SERVICE OFFICE)		SIGNATURE OVER PRINTED NAME DATE & TIME	
P		P		SIGNATURE OVER PRINTED NAME DATE & TIME		SIGNATURE OVER PRINTED NAME DATE & TIME	
START OF PAYMENT (FOR SE/NWS)		FLEXI-FUND APPLICATION (FOR OFW)		SIGNATURE OVER PRINTED NAME DATE & TIME		SIGNATURE OVER PRINTED NAME DATE & TIME	
		<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved					

SOCIAL SECURITY SYSTEM
MINDAORO REGIONAL OFFICE

NOV 17 2016

GLORY MAE R. ARCHIVAL
MINDAORO REGIONAL OFFICE