



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

DOCUMENTS ATTACHED
 SS NUMBER
06-4119639-9

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 AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME) REGALA	(FIRST NAME) MARY LOUISE	(MIDDLE NAME) PELONES	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 019 219 119 917
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)
NATIONALITY PHILIPINO	RELIGION ROMAN CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) LDAC, MANDAUE CITY		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) PUROK 7		(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY) LOWER MAMAMIN	(CITY/MUNICIPALITY) MANDAUE CITY	(PROVINCE) CEBU	(COUNTRY) PHILIPPINES	ZIP CODE 6014
MOBILE/CELLPHONE NUMBER 09235321531	E-MAIL ADDRESS marylouise.regala@gmail.com	TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)		
FATHER (LAST NAME) REGALA	(FIRST NAME) MICHAEL	(MIDDLE NAME) OMAMAMIN	(SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) PELONES	(FIRST NAME) ANGELINE	(MIDDLE NAME) TORREVILLAS	(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) 1. _____	(FIRST NAME) _____	(MIDDLE NAME) _____	(SUFFIX) _____	DATE OF BIRTH (MMDDYYYY)
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	
5. _____	_____	_____	_____	
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased) 1. (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)			RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
2. _____			_____	

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

SELF-EMPLOYED (SE) Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings ₱ _____	OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____ Monthly Earnings ₱ _____ Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse _____ Monthly Income of Working Spouse (₱) _____ 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.

MARY LOUISE REGALA PRINTED NAME [Signature] SIGNATURE 05-09-18 DATE

[Fingerprint] RIGHT INDEX [Fingerprint] RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

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