



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

SS NUMBER: **06-4041185-5**

COV-01214 (09-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED FROM 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.
 USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME) **RESTAURO** (FIRST NAME) **MARY LORRIEN** (MIDDLE NAME) **LABORA** (SUFFIX) _____ DATE OF BIRTH (MMDDYYYY) **02/15/1996**

CIVIL STATUS: Male Female Single Married Widowed Legally Separated Others _____ TAX IDENTIFICATION NUMBER (TIN) **419191262113**

NATIONALITY **FILIPINO** RELIGION **ROMAN CATHOLIC** PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) **CEBU CITY**

HOME ADDRESS (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) ZIP CODE **LAGTANG TALISAY CITY CEBU PHILIPPINES 6000**

MOBILE/CELLPHONE NUMBER _____ E-MAIL ADDRESS _____ TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.) _____

FATHER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) **RESTAURO VICENTE JR. PANSACALA**

MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) **LABORA ESTELITA ABAQUIT**

B. DEPENDENT(S)/BENEFICIARIES

Check this box if using additional form

RELATIONSHIP	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	DATE OF BIRTH (MMDDYYYY)
SPOUSE					
CHILD/REN					
1					
2					
3					
4					
OTHER BENEFICIARIES (if without spouse & child and parents are both deceased)					
1	RESTAURO	RABEL	LABORA		02/18/1991
2	RESTAURO	RYAN	LABORA		

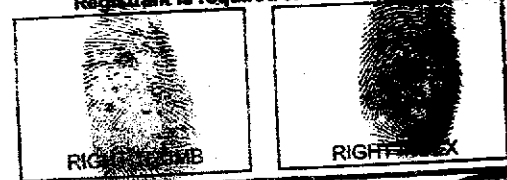
C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/ NON WORKING SPOUSE

SELF-EMPLOYED (SE) Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____ P _____	OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____ Monthly Earnings _____ P _____	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse _____ Monthly income of Working Spouse (P) _____ I agree with my spouse's membership with SSS. <input type="checkbox"/> YES <input type="checkbox"/> NO 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.



RESTAURO, MARY LORRIEN
 PRINTED NAME

[Signature]
 SIGNATURE DATE **Oct. 20, 2017**

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 (NWS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) 22	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME DATE & TIME	SIGNATURE OVER PRINTED NAME DATE & TIME Oct 20 2017
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	REVIEWED BY (NWS, BRANCH/SERVICE OFFICE)	SIGNATURE OVER PRINTED NAME DATE & TIME FLORAINE JOY M. TORRES