



COV-01214 (09-2015)

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

SS NUMBER: 06-3897145-2

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

Form section A containing personal data fields: NAME (LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX), DATE OF BIRTH, SEX, CIVIL STATUS, NATIONALITY, RELIGION, PLACE OF BIRTH, HOME ADDRESS, MOBILE/CELLPHONE NUMBER, E-MAIL ADDRESS, TELEPHONE NUMBER, FATHER, MOTHER'S MAIDEN NAME.

B. DEPENDENT(S)/BENEFICIARY/IES

Form section B containing dependent/beneficiary fields: SPOUSE, CHILD/REN (1-5), OTHER BENEFICIARIES (1-2).

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

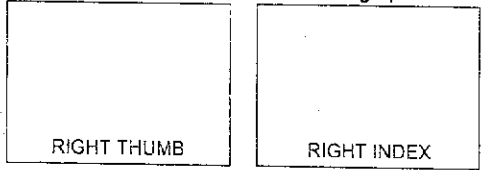
Form section C containing employment status fields: SELF-EMPLOYED (SE), OVERSEAS FILIPINO WORKER (OFW), NON-WORKING SPOUSE (NWS).

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.

PRINTED NAME, SIGNATURE, DATE



PART II - TO BE FILLED OUT BY SSS

Form section D containing SSS processing fields: BUSINESS CODE, MONTHLY SS CONTRIBUTION, START OF PAYMENT, WORKING SPOUSE'S MSC, APPROVED MSC, FLEXI-FUND APPLICATION, RECEIVED BY, REVIEWED BY, RECEIVED & PROCESSED BY.

SOCIAL SECURITY SYSTEM
MEMBERS SERVICES SECTION
CEBU CITY BRANCH
IVIE L. PESANOS
RECEIVED & CERTIFIED PHOTOCOPY OF ORIGINAL