



COV-01199 (03-2015)

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

Annex A

SS NUMBER
06-3785378-5

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) <u>Arzueto</u> (FIRST NAME) <u>Emilio</u> (MIDDLE NAME) (SUFFIX) | | | | DATE OF BIRTH (MMDDYYYY) <u>01 24 1994</u> |
| GENDER <input type="checkbox"/> Male <input 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 | RELIGION <u>Catholic</u> | PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) <u>Cebu City</u> | | |
| HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) <u>Engle Vista Cebu City</u> | | (HOUSE/LOT & BLK. NO.) | (STREET NAME) | (SUBDIVISION) |
| (BARANGAY/DISTRICT/LOCALITY) <u>Alifan</u> | (CITY/MUNICIPALITY) <u>Cebu City</u> | (PROVINCE) | (COUNTRY) <u>Philippines</u> | ZIP CODE <u>6000</u> |
| MOBILE/CELLPHONE NUMBER <u>0917440205</u> | E-MAIL ADDRESS <u>emilio.arzueto@sss.gov.ph</u> | | TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) | |
| FATHER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) | | | | |
| MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) | | | | |

B. BENEFICIARY/IES

| | | |
|---|--------------------------|--------------------------|
| SPOUSE (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) | DATE OF BIRTH (MMDDYYYY) | |
| CHILD/REN (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) | DATE OF BIRTH (MMDDYYYY) | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| OTHER BENEFICIARY/IES (If without spouse and child and parents are both deceased) (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) | RELATIONSHIP | DATE OF BIRTH (MMDDYYYY) |
| 1. | | |
| 2. | | |

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

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

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.

EMILIO ARZUETO
PRINTED NAME

[Signature]
SIGNATURE

02-05-18
DATE

RIGHT THUMB

RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

| | | | |
|--|--|---|--|
| BUSINESS CODE (FOR SE) | WORKING SPOUSE'S MSC (FOR NWS) <input checked="" type="checkbox"/> | RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) | RECEIVED & PROCESSED BY (MSS, BRANCH OFFICE/SECTION) SOCIAL SECURITY SYSTEM MEMBERSHIP SERVICES SECTION CEBU CITY BRANCH |
| MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) <u>P</u> | APPROVED MSC (FOR SE/OFW/NWS) <u>P</u> | SIGNATURE OVER PRINTED NAME | <u>05 FEB 2018</u> SIGNATURE OVER PRINTED NAME ELEUTERIO R. POTENTE JR. DATE & TIME |
| START OF PAYMENT (FOR SE/NWS) | FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | |