



E-1

COV-01214 (09-2015)

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

SS NUMBER

06-3791840-0

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)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
PADUA	JOSEPH	CATARAYA		16 16 1998
SEX <input checked="" 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 FILIPINO	RELIGION CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) SAN LORENZO HOSPITAL LAGRO NOVA Q C		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION)				
POBLACION BORBON CEBU (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) ZIP CODE				
MOBILE/CELLPHONE NUMBER 09472988693	E-MAIL ADDRESS jdot_d@yahoo.com		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)	
FATHER (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
PADUA	NECTOR	TATARO		
MOTHER'S MAIDEN NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
CATARAYA	SHIELDA	BLONDO		

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

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 _____
--	---	---

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.



Joseph C Padua
PRINTED NAME

SIGNATURE

2/26/2016
DATE

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) BELEN A. SANCHEZ
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME DATE & TIME FEB 26 2016
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 DATE & TIME FEB 26 2016

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority

Documentary
Stamp Tax Paid



T400058974000095502232016001