



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

SS NUMBER **001315410-6**

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) NAVAJA		(FIRST NAME) XAIRIE NICOLE		(MIDDLE NAME) DIMAKILING		(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 12 15 19 15	
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 FILIPINO	RELIGION ROMAN CATHOLIC		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) CALBAYOG CITY, WESTERN SAMAR					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) BRGY. TABOK		(HOUSE/LOT & BLK. NO.) BLK 5 LOT 40		(STREET NAME) 2. ESTRERAS ST.		(SUBDIVISION) PALM HEIGHTS SUBD.		
(BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY)		(PROVINCE)		(COUNTRY)		ZIP CODE
BRGY. TABOK		MANDAUE CITY		CEBU		PH		604
MOBILE/CELLPHONE NUMBER 09054882743		E-MAIL ADDRESS nicotexairie@gmail.com			TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) 032 - 2392701			
FATHER (LAST NAME) NAVAJA		(FIRST NAME) NERI		(MIDDLE NAME) DINDUM		(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) DIMAKILING		(FIRST NAME) DAISY		(MIDDLE NAME) DILAO		(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)		(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)
1.								
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 Flexi-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 _____
---	--	--

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.

Xairie Nicole Navaja
XAIRIE NICOLE NAVAJA
 PRINTED NAME

Xairie Nicole Navaja
 SIGNATURE

06-24-19
 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) JUDIE ANN C. GENTILLAS	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) JUN 24 2019
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)	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)	JUN 24 2019