

Republic of the Philippines SOCIAL SECURITY SYSTEM PERSONAL RECORD

FOR ISSUANCE OF SS NUMBER

100	20	20	AA	AC	9-8	d
	10-	50		440	7 m	h
- 4	h dith	A 40			-	P

SS NUMBER

07-01214 (09-2015)			OTT TOO OT THOSE OF	CONOMBLA					
THIS FORM MAY			R SALE. THIS CAN ALSO						
	RUCTIONS AND	REMINDERS AT TI	HE BACK BEFORE FILLING	G OUT THIS FORM.	PRINT ALL INFORM	TATION IN CAPI	TAL LETTERS	INA 8	
ISE BLACK INK ONLY.		DARTI	- TO BE FILLED OUT E	V THE DECICEDAN			<u> </u>		
•		PARTI	A. PERSONAL I	Marine India de la companya de la co					
AME (LAST NAM	IE)	(FIRST NAI		(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH	AMPROOF		
ONDUE		An6EU		· · · · · · · · · · · · · · · · · · ·	DATE OF BIRTH		2 10 19		
SEX CIVIL STATUS		1)1.000	Off		I TAN	087	41911	15	
_ /_					IA	(IDENTIFICATION	NUMBER (IF A	ANY)	
☐ Male ☐ Female	LJ Single	Married	lowed L Legally Separa	ited Others					
	RELIGION	- cilman		CITYMUNICIPALITY, PROVIN	(CITY, COUNTRY	, if born outside the	Philippines)		
FUPINO	Roma		24.1						
HOME ADDRESS	(RM./FLR./UNIT NO		(HOUSE/LOT & BLF		TREET NAME)	(SUBDI	VISION)		
(BARANGAY/DISTRICT/LOCALITY)		(CITYMUNICIPALITY)		(PROVINCE)	PINA	COUNTRY ZIP COD			
(BANANOA II BIO INTO II E	OUNETT T	(OIDINIBINIO)	r neitt j	(FROVINCE)	7, 17 (60)	INTRY)	ZIP GODE		
MOBILE/GELLPHONE NUMB	ERD O	TE-MAIL ADDR	esartica on the (+)	elmond Com IT	ELEPHONE NUMBER	(COUNTRY CORE.	ADEA CODE, TE	1 110	
ionic defendance women					ELEPHONE NUMBER	(COUNTRY CODE+	AREA CODE+ TE	L. NO.	
ATHER	(LAST NAME)	1	(FIRST-NAME) D	AND ATTACK YOUT BE (ALDER ENAMES TO	(S	SUFFIX)	•	
1.	d KWARK		(Astro)	and the second second					
TOTHER'S MAIDEN NAME	(LAST NAME)	T ONGUE	(FIRST NAME)	Construction of the construction	MIDDLE NAMEDO 11	to lead that (S	SUFFIX)		
ノルナナがくし	11			W 4 1 1					
MALLO			DEPENDENT(S)/BENEFIC	IARY/IES	☐ Che	eck this box if us	ing additional	shee	
POUSE	(LAST NAME)		(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH			
		210			Total Control				
CHILD/REN	(LAST NAME)		(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH	(MMDDYYYY)		
1.								1	
			The second defined the	The District Agency Strong St	1				
2.									
3.		100000					1 1 1	- 1	
				100 PM 100 PM 100 PM 100 PM	a ajrasa er e e e		++++		
4.	······································								
5.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A CONTRACTOR OF THE PARTY OF TH			1 1 1		1	
OTHER BENEFICIARY/IES (If without spouse	& child and parents a	are both deceased)	RELATIONSHIP		DATE OF BIRTH	- (MMDDYYYY)		
(LAST NAME)	(FIRST			SUFFIX)	THE STREET	A STATE OF THE PARTY			
1.				42.540.00	The second reports				
			Lety supply South		F. Wall	Ser I de la company			
2.	A COLUMN DESCRIPTION	FOR SELF EMPLO	VEDIOVEDOCAC EU IDIN	2 11/22/12/11/21		4 1 1			
ELE EMPLOYED (SE)	And in case of the	en) i (latera instrue tras-risalissima vertrum) vitajansa asenna mandamana es	YED/OVERSEAS FILIPING	O WORKER/NON-WOF			The state of the state of		
SELF-EMPLOYED (SE) Profession/Business	was the street of	VERSEAS FILIPINO V Foreign Address	VORKER (OFW)	and the state of the state	NON-WORKING		514 11 6		
FIDIESSION/DUSINESS		1 oreign Address			SS No./Common Reference No. of Working Spous				
V D (D)									
Year Prof./Business S	Started	E Mar Nove	12		Monthly Income of				
		Are you applying for membership in the Flexi-Fund Program?			I agree with my spouse's membership with SSS.				
Monthly Earnings		Monany Earnings							
P		Р	YES	□ NO	SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE				
			D. CERTIFICA	TION			e de minima trode com mor en como anacio		
I certify that	at the information	on provided in this	s form are true and corre	5Ct	Registrant is re	quired to affix	fingerprints.		
(If registrant	cannot sign, affix	fingerprints in the p	presence of an SSS personi	nel.)		*	migorprinto.		
nuke i vis	And to be	Alle Iran	W the state of the		e Charles of	The result in the second and	Cie.		
OMGUP	Anbally	1 /18	Alla 1	11 . 10		ite			
		hash	K-1 - 4-	19 16 .	DIOLET TO THE				
PRINTED	NAME	SIG	NATURE	DATE	RIGHT THUMB	RIC	SHT INDEX		
The state of the s	participate Vala Circa	A Section 1	PART II - TO BE FILLE	PERSONAL PROPERTY AND	- andane Brain	rit .		51.1	
BUSINESS CODE		SPOUSE's MSC (FOR	RECEIVED BY	30	RECEIVED & PR	ACTEBRED BY		1	
(FOR SE)	NWS)	A STATE OF BUILD	(REPRESENTATIVE OFFICE/PAR	RTNER AGENT)	Compatitional	VICEO FICE/FOREI	GN OFFICE)		
eser anis	Rapide control	and property and the state of t	mil ottom militaria	Marian Marian	Received		APR 10		
MONTHLY SS CONTRIBUTI			Control of the second	1	IReffed CANC	HE	18 Mil	201	
(FOR SE/OFW/NWS)	(FOR SE/OFW	//NWS)	SIGNATURE OVER PRINTED	NAME DATE & TIME	SIGNATURE OV	ER PRINTED NAME	DATE & 1	TIME	
P	P		REVIEWED BY			APR 10	20		
START OF PAYMENT		APPLICATION	(MSS, BRANCH/SERVICE OFFICE	Ε)		10	2016		
(FOR SE/NWS)	(FOR OFW)								
	1 1 1	- I m:					-		