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

SS NUMBER **06-4268304-7**

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) SELGAS		(FIRST NAME) HEZZELL FAITH		(MIDDLE NAME) BACLADO	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 11103119915
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) CITY OF NAGA, CEBU				
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) ULING		(HOUSE/LOT & BLK. NO.) 777	(STREET NAME) TRES	(SUBDIVISION)	ZIP CODE 6037	
(BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY) CITY OF NAGA	(PROVINCE) CEBU	(COUNTRY) PHILIPPINES		
MOBILE/CELLPHONE NUMBER 09776967998	E-MAIL ADDRESS hezzellselgas@gmail.com	TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)				
FATHER (LAST NAME) SELGAS	(FIRST NAME) LEONIDES	(MIDDLE NAME) VILLAREAL	(SUFFIX)			
MOTHER'S MAIDEN NAME (LAST NAME) BACLADO	(FIRST NAME) JUDELYN	(MIDDLE NAME) LADANDERO	(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)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1.					
2.					

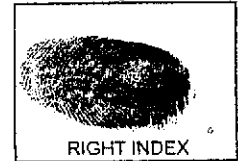
C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

SELF-EMPLOYED (SE) Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings 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. 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.



HEZZELL FAITH B. SELGAS
PRINTED NAME

Hezzell Faith Selgas
SIGNATURE

04-08-2019
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) SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) JUDIE ANNE C. CENTILLAS MSS - DIVISION 100 SERVICE OFFICE SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	APR 08 2019 DATE & TIME
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		