



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

SS NUMBER **06-4340625-2**

COV-01214 (09-2015)

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 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) <b>LASAM</b>		(FIRST NAME) <b>VINCENT</b>		(MIDDLE NAME) <b>CALAPRE</b>	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) <b>03   20   1990</b>	
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 <b>FIL</b>	RELIGION <b>ROMAN CATHOLIC</b>		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) <b>CEBU CITY</b>				
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) <b>ABUNO, PAJAC</b>		(HOUSE/LOT & BLK. NO.) <b>BLOCK 10 LOT 01</b>	(STREET NAME) <b>PHASE 2</b>	(SUBDIVISION) <b>BF TOWNHOMES</b>			
(BARANGAY/DISTRICT/LOCALITY) <b>ABUNO, PAJAC</b>		(CITY/MUNICIPALITY) <b>LAPU LAPU</b>	(PROVINCE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	ZIP CODE <b>6015</b>		
MOBILE/CELLPHONE NUMBER <b>09934961674</b>	E-MAIL ADDRESS <b>lasamvincust1@gmail.com</b>		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) <b>N.A</b>				
FATHER (LAST NAME) <b>LASAM</b>	(FIRST NAME) <b>VICENTE</b>	(MIDDLE NAME) <b>SINIGUAN</b>	(SUFFIX)				
MOTHER'S MAIDEN NAME (LAST NAME) <b>CALAPRE</b>	(FIRST NAME) <b>ADELIA</b>	(MIDDLE NAME) <b>ORALE</b>	(SUFFIX)				

**B. DEPENDENT(S)/BENEFICIARY/IES**

Check this box if using additional sheet.

SPOUSE (LAST NAME) <b>N.A</b>	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
1. <b>N.A</b>					
2.					
3.					
4.					
5.					
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased)			RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)	
1. <b>N.A</b>					
2.					

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

<b>SELF-EMPLOYED (SE)</b> Profession/Business Year Prof./Business Started Monthly Earnings P	<b>OVERSEAS FILIPINO WORKER (OFW)</b> Foreign Address Monthly Earnings P Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NON-WORKING SPOUSE (NWS)</b> 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
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**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.

**VINCENT C. LASAM**  
PRINTED NAME

*[Signature]*  
SIGNATURE

**02 AUG 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) <b>JUDIE ANN C. GENTILLAS (R)</b> MSR - SM CITY CEBU SERVICE OFFICE 02 AUG 2019	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) <b>02 AUG 2019</b>
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) <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) <b>AUG 02 2019</b>	SIGNATURE OVER PRINTED NAME DATE & TIME