

COV-01214 (09-2015)

Republic of the Philippines SOCIAL SECURITY SYSTEM PERSONAL RECORD

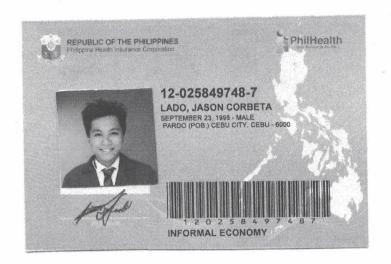
FOR ISSUANCE OF SS NUMBER

SS NUMBER

06-4347466-6

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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 1	HE REGISTRA	NT			
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VAME (LAST NAME)		(FIRST NAME)			(SUFFIX) DATE OF BIRTH (MMDDYYYY)			
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	CIVIL STATUS		tan Bay 1 talah sabij		17/	AX IDENTIFICATION	NUMBER (IF ANY)	
Male Female	Single Married		Legally Separated	Others				
FILIPINO	CATHOLIC	T.	LACE OF BIRTH (CITY)		NCE) (CITY, COUNTRY	, if born outside the P	Philippines)	
HOME ADDRESS	/RM /FLR /UNIT NO & BLDG N	I AME	(HOUSE/LOT & BLK. NO	Y	(STREET NAME)	minorani de de la companya de la com	flotory	
UPPE	R WIMBA P	ARDO, CER		.)	(SIREEI NAME)	(SUBDIV	/ISION)	
(BARANGAY/DISTRICT/LO	CALITY)	(CITY/MUNICIPALITY)	taminoma reconservitto de samilla asucia cia increasione	(PROVINCE)	(CI	OUNTRY)	ZIP CODE	
MOBILE/CELLPHONE NUMBE		MAIL ADDRESS	The second section of the second section of the second section of the second section s		TELEPHONE NUMBE	R (COUNTRY CODE+ A	REA CODE+ TEL. NO.)	
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FATHER	(LAST NAME)	transaction and	(FIRST NAME)		(MIDDLE NAME)	, (SL	JFFIX)	
MOTHER'S MAIDEN NAME	(LAST NAME)	1933,	(FIRST NAME)		(MIDDLE NAME)	Commence the address of the address	JFFIX)	
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		B. DEPENDE	NT(S)/BENEFICIAR	//IES		heck this box if usin	ng additional shee	
SPOUSÉ	(LAST NAME)	(FIRST NAMI	E)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH	(MMDDYYYY)	
					T 1975 WEST 1878			
CHILD/REN	(LAST NAME)	(FIRST NAMI	E)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH	(MMDDYYYY)	
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5. OTHER BENEFICIARY/IES (If	without enouge & child and	I negative are both doo	management of the second of th	RELATIONSHI	15	DATE OF DISTRI		
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Profession/Business	Address				NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse			
		Introduction Constitution of Principal State of			1 1 1 1		I I I I	
Year Prof./Business St					Monthly Income of Working Spouse (P)			
ears o final metro and make of the			Are you applying for membership			I agree with my spouse's membership with SSS.		
Monthly Earnings	Month	y Earnings	in the Flexi-Fund	Program?				
p . (1.40) 74	Parada and	☐ YES ☐ NO ☐			SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE			
	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		D. CERTIFICATION	V		el formanistication rather through retended to personal	eld pur minus in the angle converse in the property of the control of	
I certify that	t the information provide	led in this form are	true and correct		Registrant is	required to affix fi	ngernrints	
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JASON (c. UNDO	100-	· */	11111	RIGHT THUMB		Property .	
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BUSINESS CODE	WORKING SPOUSE'S		TO BE FILLED O	UT BY SSS	Incorporation .	ACCOUNT BY		
(FOR SE)	NWS)		RECEIVED BY REPRESENTATIVE OFFICE/PARTNER AGENT)		RECEIVED A RE	&VICEOFFICE/FOREIGN	N OFFICE)	
	P					MEMBERS SERVICES SELVICES SELV		
MONTHLY SS CONTRIBUTION: APPROVED MSC		OF the field of th	Account of the Control of the Contro			BETHUEL DE SERVICES SECTION		
(FOR SE/OFW/NWS)	(FOR SE/OFW/NWS)	SIGNATI	SIGNATURE OVER PRINTED NAME DATE & TIME			SIGNATURE OVER PRINTED HAME DATE & TIME		
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START OF PAYMENT (FOR SE/NWS)	(FOR OFW)	ION MSS BRAN	CH/SERVICE OFFICE)		_ 1 9	-411;		
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A service many in the service of the	☐ Approved ☐ Dis	approved	SIGNATURE OVER P	RINTED NAME	V	PARADANS STIME		





Republic of the Philippines SOCIAL SECURITY SYSTEM SS NUMBER SLIP

SS Number: 06-4347466-6

LADO, JASON CORBETA

Birthdate: 09/23/1998

