

Republic of the Philippines SOCIAL SECURITY SYSTEM PERSONAL RECORD

FOR ISSUANCE OF SS NUMBER

ss number **)6-3896463-1**

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 (MIDDLE NAME DATE OF BIRTH (MMDDYYYYY) VUTHE HIF CIVIL STATUS TAX IDENTI SEX ☐ Others ☐ Male Female Single Married Widowed Legally Separated PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) NATIONALITY RELIGION (RM./FLR./UNIT NO. & BLDG. NAME) FILIPINO (STREET NAME) (SUBDIVISION) (HOUSE/LOT & BLK. NO.) HOME ADDRESS YILLAGE (COUNTRY) ZIP CODE (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY PHILIPPINES AN KINED CEBL TALKAT TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) MOBILE/CELLPHONE NUMBER F-MAIL ADDRESS 09779734586 nicarutic helpanoil. (SUFFIX) MIDDLE NAME (LAST NAME) ENTIPUESTO (LAST NAME) (SUFFIX) MOTHER'S MAIDEN NAME CTILLOR 2010 Check this box if using additional sheet B. DEPENDENT(S)/BENEFICIARY/IES MIDDLE NAME (SUFFIX) DATE OF BIRTH (MMDDYYYY) (LAST NAME) SPOUSE (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY (LAST NAME) CHILD/REN 2 3 4. DATE OF BIRTH (MMDDYY RELATIONSHIP OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased) (SUFFIX) (FIRST NAME) (MIDDLE NAME) C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE NON-WORKING SPOUSE (NWS) OVERSEAS FILIPINO WORKER (OFW) SELF-EMPLOYED (SE) SS No./Common Reference No. of Working Spouse Foreign Address Profession/Business Monthly Income of Working Spouse (₽) Year Prof./Business Started I agree with my spouse's membership with SSS. Are you applying for membership in the Flexi-Fund Program? Monthly Earnings Monthly Earnings ☐ YES SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE P D. CERTIFICATION Registrant is required to affix fingerprints. 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.) RIGHT INDEX RIGHT THUMB ANTIPLECTO KINA MITACHIE PRINTED NAME SIGNATURE PART UT BY SSS PROCESSED BY **BUSINESS CODE** WORKING SPOUSE'S MSC (FOR RECE EOFFICE/FOREIGN OFFICE) NWS) MONTHLY SS CONTRIBUTION APPROVED MSC DATE & TIME ! ED NAME (FOR SE/OFW/NWS) REVIEWED BY MSS BRANCH/SERVICE FLEXI-FUND APPLICATION START OF PAYMENT (FOR SE/NWS) (FOR OFW) SIGNATURE OVER PRINTED NAME Approved Disapproved