



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

SS NUMBER  
**06-41762**

CON-01214 (08-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT [www.sss.gov.ph](http://www.sss.gov.ph). PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS. USE BLACK INK ONLY.

**PART I - TO BE FILLED OUT BY THE REGISTRANT**

**A. PERSONAL DATA**

NAME (LAST NAME)		FIRST NAME		(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
LAURON		CHARLES		LODS	LABORA	11/27/1999	
SEX	CIVIL STATUS					TAX IDENTIFICATION NUMBER OF ANX	
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others						
NATIONALITY		RELIGION		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines)			
FILIPINO		ROMAN CATHOLIC		SITIO CADIXAN LAMAAN III, TALISAY CITY CEBU			
HOME ADDRESS (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) ZIP CODE							
LAMAAN III		TALISAY CITY		CEBU		PHILIPPINES 6045	
MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. N°)			
09438173633		SHIRUDENCHARLES@YAHOO.COM					
FATHER		MOTHER'S MAIDEN NAME					
LAST NAME: LAURON		LAST NAME: LABORA		FIRST NAME: DANILO RACHO (MIDDLE NAME: LASQUITES) (SUFFIX)			

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

Check this box if using additional sh

SPOUSE		CHILDREN		OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased)	
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	

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

<b>SELF-EMPLOYED (SE)</b>	<b>OVERSEAS FILIPINO WORKER (OFW)</b>	<b>NON-WORKING SPOUSE (NWS)</b>
Profession/Business	Foreign Address	SS No./Common Reference No. of Working Spouse
Year Prof./Business Started		Monthly income of Working Spouse (P)
Monthly Earnings P	Monthly Earnings P	I agree with my spouse's membership with SSS
	Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE

**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



CHARLES LODS L. LAURON  
 PRINTED NAME

*[Signature]*  
 SIGNATURE  
 SSS Talisay Branch

**PART II - TO BE FILLED OUT BY SSS**

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS)	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER/AGENT)	RECEIVED & PROCESSED BY (MGS, BRANCH OFFICE/PEACE OFFICE/FOREIGN OFFICE)
	P	MARC JOSEPH C. LAPINID	SSS Talisay Branch
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OF REGISTRANT	SIGNATURE OF REPRESENTATIVE OFFICE (DATE & TIME)
P	P		MARC JOSEPH C. LAPINID
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (MGS, BRANCH/SERVICE OFFICE)	DATE & TIME
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		MARC JOSEPH C. LAPINID
		SIGNATURE OVER PRINTED NAME	DATE & TIME 12/29/14