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

SS NUMBER

06-3778597-6

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)		(FIRST NAME)		(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
SEX	CIVIL STATUS					TAX IDENTIFICATION NUMBER (IF ANY)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input 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)					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BKG. NO.)		(STREET NAME)		(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	Philippines		ZIP CODE		
MOBILE/CELLPHONE NUMBER	E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)				
FATHER (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)				
MOTHER'S MAIDEN NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)				

B. DEPENDENT(S)/BENEFICIARY/IES

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. Mendez	Juniel	Ernie		Brother	01/15/1987
2. Mendez	Gerome	Ernie		Brother	09/30/1987

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

SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings	OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings	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
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D. CERTIFICATION

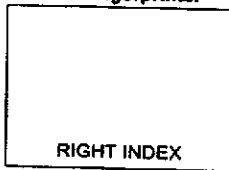
I certify that the information provided in this form are true and correct.
(if registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

Gina E. Mendez
PRINTED NAME

[Signature]
SIGNATURE

2016
DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS)	RECEIVED BY (REPRESENTATIVE/AGENT)	RECEIVED & PROCESSED BY (MSS/BRANCH/FOREIGN OFFICE)
MONTHLY SS CONTRIBUTION (FOR SE/OF/NWS)	APPROVED MSC (FOR SE/OF/NWS)	<i>[Signature]</i> SIGNATURE OVER PRINTED NAME	<i>[Signature]</i> SIGNATURE OVER PRINTED NAME
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (MSS/BRANCH/FOREIGN OFFICE)	DATE & TIME
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>[Signature]</i> SIGNATURE OVER PRINTED NAME	DATE & TIME