

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

SS NUMBER 06 - 3 7 7 8 5 9 7 - 6

COV-01214 (09-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE 58S WEBSITE AT WWW.825.gov.ph.

USE BLACK INK ONLY.		DENO AT THE BACK	BEFORE FILLING O	UF THIS FORM	PRINT ALL INFORM	AATION IN CAPIT	AL LETTERS AN
		PART I - TO BE I	FILLED OUT BY T	HE REGISTRA	HT		
NAME (LAST NAM	MEI	(FIRST NAME)	A. PERSONAL DAT	A			
,	,	(FIRST NAME)	(MIDO	LE NAME)	(SUFFIX)	DATE OF BIRTH	MMDDYYYY
SEX http://	CIVIL STATUS			r pirt		C 12 (19)	I K. F. F
	i	** *	· · · · · · · · · · · · · · · · · · ·		TA	CIDENTIFICATION	NUMBER (E AAN)
Male Female	Single Marrie	ed Widowed C	Legally Separated	Others	-		
	,	PL	ACE OF BIRTH (CITY)	MUNICIPALITY, PROV	INCE) (CITY COUNTRY	. If born outside the i	
HOWE ADDRESS	(RM.FER.JUNIT NO. & BLOG.	lic	Foliation	COO MACON	6. Vi	r in som occange green f-a train	rnuppines)
	IRM. FLR. JUNIT NO. & BLOG.	. NAME)	(POUSE/LOT & BEK, NO.)	(STREET NAME)	(SUBDIVI	SION
(BARANGAY/DISTRICTIZE	ocation - And int	ICITY/HI NICIDALITY		(PROVINCE)	$\mathcal{P}h_{2}$	hopiner	J. J. J.
		(OTTOMORIES PACT) T)		(PROVINCE)	(COL	INTRY	ZIP CODE
MOBILE/CELLPHONE NUMB	. 16	-MAIL ADDRESS		·			let bil
FATHER STATES		bendergross a		ŀ	TELEPHONE NUMBER	(COUNTRY CODE+ A	REA CODE+ TEL. NO.
ALDER	(DAST NAME)		(FIRST NAME)		(MIDDLE NAME)		
MOTHER'S MAIDEN NAME	(LAST NAME)		(FIRST NAME)			(SUF	FIX)
		Ear		((MIDDLE NAME)	, (SUF	Fixo
acetyEt	WITHERASURE	R DEDENOEN	<u> </u>	Ĺ	(Supr - Pall	14) (1) (1)	-
SPOUSE	(LAST NAME)	FIRST NAME	((5)/BENEFICIARY	HEST ECEIVED	WITH ERASURE	ck this box if using	additional sheet
		1	(1	MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (A	(MDDYYYY)
CHILD/REN	(LAST NAME	(FIRST NAME)		HIODLE NAME)			
1.		•	1,0	MODIE NAME)	(SUFFIX)	CATE OF BIRTH (N	MDDYYYY
2.							
<u> </u>						_	
3.							
4.						1	
-							1 1 1
5.				7:	· / · · · · · · · · · · · · · · · · · ·	╼┷╌╀╌┸╴┦	
OTHER BENEFICIARY/IES (#	without spouse & child an	nd parents are both deces	sed)	RELATIONSHIP			
	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RECATIONSHIP	·	DATE OF BIRTH (M	MDDYYYY)
1. Mendia	<u>untryl</u>	Elme		Dutha		611/110	الململي
2. Neildia	· Girme	ELMIC				61111	1987
,	C. FOR SEL	F-EMPLOYED/OVERS	FAS EII IDINO WO	1 Pro-11/11		0930	11918 17
ELF-EMPLOYED (SE)	OVERSEAS	FILIPINO WORKER (OFW	A	KKERONUN-WOR	KING SPOUSE		
Profession/Business	Foreign	Foreign Address			NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse		
					33 NO./Common	Reference No. of \	Norking Spouse
Year Prof./Business Sta	arted						
		Are you applying for membership			Monthly Income of Working Spouse (P) i agree with my spouse's membership with SSS.		
Monthly Earnings	Monthly	y Earnings	in the Flexi-Fund Pro	ogram?	agree with my	spouse's me mbe n	ship with SSS.
<u> </u>	<u>P</u>		YES (□ NO			
		D	CERTIFICATION		SIGNATURE OVER	PRINTED NAME OF W	ORKING SPOUSE
certify that t	the information provid	ed in this form one to					
(if registrant car	nnot sign, affix fingerprin	ts in the presence of an	SSS personnel		Registrant is requ	ired to affix fing	erprints.
			Tao personner.				
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						[]	
<u> 61110 6. 1</u>	Mender	2345 10 100					
PRINTED NA	ME	SIGNATURE		F TITL	RIGHT THUMB	RIGHT	INDEX
JSINESS CODE	MACOUNTY OF THE PARTY OF THE PA	PART II - TO	BE FILLED OUT				
OR SE)	WORKING SPOUSE'S M	SC (FOR RECEIVED BY	210111	W	PASENED & PROCE	SSED BYTON	
	P	TOEST MENTAL	+ HOTHER PERSON	ENT)	(MSS WARREN	ALLES OF LOSE OF	FICE)
ONTHLY SS CONTRIBUTION	APPROVED MSC		√29in			2/20:	- 1
OR SE/OFW/NWS)	(FOR SE/OF WINWS)		1 1 3/ ZWIO	·	I NVI	3) Z#16	İ
1	P		OVER PRINTED INAME	DATE & TIME	SIGNATURE OVER	PRINTED NAME	DATE & TIME
ART OF PAYMENT	FLEXI-FUND APPLICATION		ENDERGINEE N DAG	Ma.		NOTICE YES ONE	
DR SEAWS)	(FOR OFW)		Service,		Child - City (states) an		i i
	Approved Disa	pproved	SIGNATURE OF THE	700			id ^a
			SIGNATURE OVER PRIN	I EO NAME		DATE & TIME	