



COV-01199 (03-2015)

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

Annex A

SS NUMBER

06-3814160-3

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

Form section A containing personal data: NAME (MIGUILA, JOHN CARLO AUGUSTO), DATE OF BIRTH (11/01/1995), GENDER (Male), CIVIL STATUS (Single), NATIONALITY (FILIPINO), RELIGION (ROMAN CATHOLIC), PLACE OF BIRTH (SIPALAY CITY, NEGROS OCCIDENTAL), HOME ADDRESS (KINASAPGAN, LEBU CITY, LEBU, GREYHOUND SUBDIVISION, PHILIPPINES), MOBILE/CELLPHONE NUMBER (09435325182), E-MAIL ADDRESS (johncarloaugustomigUILA@yahoo.com.ph), TELEPHONE NUMBER (P/A), FATHER (MIGUILA, CONRADO), MOTHER'S MAIDEN NAME (AUGUSTO, MA. CECILIA ABELES).

B. BENEFICIARY/IES

Form section B for beneficiary information, including spouse and child/ren details. Fields include LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX, and DATE OF BIRTH (MMDDYYYY).

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

Form section C for self-employed/overseas filipino worker/non-working spouse. Includes fields for Profession/Business, Overseas Filipino Worker (OFW) Foreign Address, and Non-Working Spouse (NWS) SS No./Common Reference No. 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.

JOHN CARLO A. MIGUILA
PRINTED NAME

[Signature]
SIGNATURE

4-23-16
DATE



PART II - TO BE FILLED OUT BY SSS

Form section II for SSS processing: BUSINESS CODE (P), WORKING SPOUSE's MSC (P), RECEIVED BY (SIGNATURE OVER PRINTED NAME), RECEIVED & PROCESSED BY (JAY T. MARJENEZ), MONTHLY SS CONTRIBUTION (P), APPROVED MSC (P), START OF PAYMENT, FLEXI-FUND APPLICATION (Approved).

CONSOLIDATED PAPER PRODUCTS, INC. TEL. # 863-65-25 TO 32 FAX # 863-88-99