

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

SS NUMBER

06-3814160-3

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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.

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	PAR	A. PERSON		RANT		
NAME (LAST NA	ME) + (FIRST		(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
Hiau	ILA JOH	N CARLO	AUGUSTO		110/112/119191	
GENDER	CIVIL STATUS	SHALL N	PROPERTY COME OF	TAX	IDENTIFICATION NUMBER (IF ANY	
Male Female	Single Married V	Vidowed Legally Se	parated Others	yacociosia kindus bi		
NATIONALITY	RELIGION			/INCE) (CITY, COUNTRY,	if born outside the Philippines)	
FILI PINO	ROMAN, CATHOLIC	SIRALA-	1 CITY, PEGRO	S OCCIDENT	AL	
HOME ADDRESS	(RM./FLR./UNIT NO. & BLDG. NAME)	(HOUSE/LOT	& BLK. NO.)	(STREET NAME)	(SUBDIVISION)	
(BARANGAY/DISTRICT/L	OCALITY) (OTALIA)	NICIPALITY)	(PROVINCE)	GREYHOUPO	SUBOLUISIO P	
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MOBILE/CELLPHONE NUME			od Circol Line William		COUNTRY CODE+ AREA CODE+ TEL. I	
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FATHER	(LAST NAME)	(FIRST NAMI		(MIDDLE NAME)	(SUFFIX)	
MOTHER'S MAIDEN NAME	MIGUILA MAST NAME)	(FIRST NAME	F) 3	(MIDDLE NAME)	3 (SUFFIX)	
	AUGUSTO		ICELIA X	ABELE		
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SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
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CHILD/REN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
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5.				silsordu/a	apal mask	
OTHER BENEFICIARY/IES (II	f without spouse and child and pare	nts are both deceased)	RELATIONSHIP	Ď I	DATE OF BIRTH (MMDDYYYY)	
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	C. FOR SELF-EMPLO	OYED/OVERSEAS FILIPI	NO WORKER/NON-WOI	RKING SPOUSE	Esta Strateum A	
		NON-WORKING SPC	NON-WORKING SPOUSE (NWS)			
			and provide the		SS No./Common Reference No. of Working Spouse	
	WIDE STATE OF THE				25-344-1-10-6/4-1-12-1	
Year Prof./Business St	arted	IDIB 81	(Peg-IRIC) Merme	bay A subula tarank		
Manthly Family	noticeh Alener		plying for membership -Fund Program?	I agree with my s	pouse's membership with SSS.	
Monthly Earnings	Monthly Earning	3			A ELECTRONISMENT CL	
		YES	□ NO	SIGNATURE OVER P	RINTED NAME OF WORKING SPOUSE	
Especialista de la companya del companya del companya de la compan		D. CERTIFIC				
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.		
(II registrant ca	innot sign and tingerprints in the p	presence of an SSS perso	onnel.)	The same	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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JOHN CARLO	A. MIRUILA TO	were the	4-23-16	- 13m - 150 -		
PRINTED N.		NATURE	DATE	RIGHT THUMB	RIGHTINDEX	
NUMBER		PART II - TO BE FILLI	ED OUT BY SSS	15 32.25	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
BUSINESS CODE FOR SE)	WORKING SPOUSE's MSC (FOR NWS)	RECEIVED BY (REPRESENTATIVE	OFFICE/PARTNER AGENT)	RÉCÉIVED & PRO (MSS/BRANCH/F)	DEICH OPERE	
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MONTHLY SS CONTRIBUTION FOR SE/OFW/NWS)				Marie Committee of the	FOR PFICE	
OR SE/OF W/NWS)	(FOR SE/OFW/NWS)	CIONATU	DE OVER DRIVITED MANS	- APR	D & Co.	
START OF PAYMENT	FLEXI-FUND APPLICATION	SIGNATURE OVER PRINTED NAMI		SIGNATURE OVER PRINTED NAME		
FOR SE/NWS)	(FOR OFW)			TOY T	MARSE	
	Approved Disap	proved	DATE & TIME	1	DATESTALE	