

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

SS NUMBER
06-4158490-18
06-4158490-1

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) ROCHA		NAME (FIRST NAME) MICHAEL JAY		NAME (MIDDLE NAME) FRANCO		DATE OF BIRTH (MMDDYYYY) 01/31/1992	
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others					TAX IDENTIFICATION NUMBER (IF ANY)	
NATIONALITY FILIPINO	RELIGION CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) CEBU CITY 192 U.P. RAMA STREET					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) BARANGAY CALAMBA		(HOUSE/LOT & BLK. NO.) CEBU CITY		(STREET NAME) 192 U.P. RAMA STREET		(SUBDIVISION) JOSMARWIN	
(BARANGAY/DISTRICT/LOCALITY) BARANGAY CALAMBA		(CITY/MUNICIPALITY) CEBU CITY		(COUNTRY) PHILIPPINES		ZIP CODE 6000	
MOBILE/CELLPHONE NUMBER 09235232078	E-MAIL ADDRESS dongmichael.rocha@gmail.com			TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)			
FATHER (LAST NAME) ROCHA	FATHER (FIRST NAME) DADITO		FATHER (MIDDLE NAME) ALPUERTO		FATHER (SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) FRANCO	MOTHER'S MAIDEN NAME (FIRST NAME) MA. REBECCA		MOTHER'S MAIDEN NAME (MIDDLE NAME) PADR		MOTHER'S MAIDEN NAME (SUFFIX)		

B. DEPENDENT(S)/BENEFICIARIES

SPOUSE (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)				<input type="checkbox"/> Check this box if using additional sheet.			
CHILDREN (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)				DATE OF BIRTH (MMDDYYYY)			
1.							
2.							
3.							
4.							
5.							
OTHER BENEFICIARIES (if without spouse & child and parents are both deceased) (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)				RELATIONSHIP		DATE OF BIRTH (MMDDYYYY)	
1.							
2.							

C. EMPLOYMENT STATUS

SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings P	OVERSEAS FILIPINO WORKER (OPW) Foreign Address Monthly Earnings P Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	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.

MICHAEL JAY F. ROCHA
PRINTED NAME

[Signature]
SIGNATURE

July 19, 2018
DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE? MSC (FOR SE/OPW/NWS)	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (SSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)
MONTHLY SS CONTRIBUTION (FOR SE/OPW/NWS)	APPROVED MSC (FOR SE/OPW/NWS)	SIGNATURE OVER PRINTED NAME	CRETECH W. RAYE T. BORBON 07/19/18 12:18 PM
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OPW)	REVIEWED BY (SSS, BRANCH/SERVICE OFFICE)	SIGNATURE OVER PRINTED NAME
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	PATIMA C. JORDAN OIC TH, Cebu Robinson's SO	DATE & TIME