



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

SS NUMBER
06-4295584-3

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) PLACER		NAME (FIRST NAME) JAMAICA		NAME (MIDDLE NAME) RABADON		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY) 02 10 1991	
SEX <input type="checkbox"/> Male <input checked="" 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					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) 699 HOLY NAME STREET			(HOUSE/LOT & BLK. NO.)		(STREET NAME) MABOLO CEBU CITY		(SUBDIVISION) PHILIPPINE		
(BARANGAY/DISTRICT/LOCALITY)			(CITY/MUNICIPALITY)		(PROVINCE)		(COUNTRY)		ZIP CODE 6000
MOBILE/CELLPHONE NUMBER 09981661513			E-MAIL ADDRESS malplacer164@gmail.com			TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) 4180798			
FATHER (LAST NAME) PLACER		FATHER (FIRST NAME) BERNADINE		FATHER (MIDDLE NAME) ALMIRANTE		FATHER (SUFFIX)			
MOTHER'S MAIDEN NAME (LAST NAME) RABADON		MOTHER'S MAIDEN NAME (FIRST NAME) FFIE		MOTHER'S MAIDEN NAME (MIDDLE NAME) JOVALDE		MOTHER'S MAIDEN NAME (SUFFIX)			

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE (LAST NAME)		SPOUSE (FIRST NAME)		SPOUSE (MIDDLE NAME)		SPOUSE (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (LAST NAME)		CHILD/REN (FIRST NAME)		CHILD/REN (MIDDLE NAME)		CHILD/REN (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
1.									
2.									
3.									
4.									
5.									
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)						RELATIONSHIP		DATE OF BIRTH (MMDDYYYY)	
1.									
2.									

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

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

D. CERTIFICATION

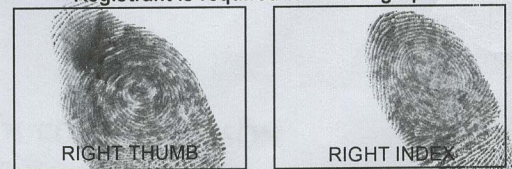
I certify that the information provided in this form are true and correct.
 (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

JAMAICA RABADON PLACER
 PRINTED NAME

Jamaica
 SIGNATURE

24 MAY 2019
 DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS) P	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) JUDIE ANN G. CENTILLAS MSS - CEBU CITY BRANCH SERVICE OFFICE
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)	DATE & TIME MAY 24 2019
		SIGNATURE OVER PRINTED NAME	DATE & TIME

Signature: **ELAINE S. YBANEZ**
 Signature: **LOUELLA N. DEJITO**
 Signature: **RUPERT S. BAJOY**
 THE CIVIL REGISTRAR
 REGISTRATION OFFICER