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COV-01214 (09-2015)

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

SS NUMBER

07-3599293-3

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

NAME (LAST NAME) ROSALES		(FIRST NAME) JHEM LORD		(MIDDLE NAME) JAMORA	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 07/01/1999
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 ROMAN CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) DISTAL LANG KABATAAN, DAVAO CITY			CITY, COUNTRY, if born outside the Philippines	
HOME ADDRESS (RM/FLR/UNIT NO. & BLDG. NAME) R.K. SUBDIVISION, CALAS		(HOUSE/LOT & BLK. NO.) DIPLOD CITY, Z.N.	(STREET NAME) PHILIPPINES	(SUBDIVISION) 700		
(BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY)	(PROVINCE)	(COUNTRY)	ZIP CODE	
MOBILE/CELLPHONE NUMBER 09171746804	E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)			
FATHER (LAST NAME) ROSALES	(FIRST NAME) ENRICO CAJOSO	(MIDDLE NAME) SAMSON	(SUFFIX)			
MOTHER'S MAIDEN NAME (LAST NAME) JAMORA	(FIRST NAME) LEONILA	(MIDDLE NAME) JAPARILLO	(SUFFIX)			

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet

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

JHEM LORD J. ROSALES
PRINTED NAME

SIGNATURE

11/10/2016
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)
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME	JON ANGEL E. SINDUAN SSS SD 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 11/10/16
		SIGNATURE OVER PRINTED NAME	DATE & TIME