



COV-01214 (09-2016)

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

06-4209976-7

SS NUMBER

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 (LAST, FIRST, MIDDLE, SUFFIX), DATE OF BIRTH, SEX, CIVIL STATUS, NATIONALITY, RELIGION, PLACE OF BIRTH, HOME ADDRESS, MOBILE/CELLPHONE NUMBER, E-MAIL ADDRESS, TELEPHONE NUMBER, FATHER, MOTHER'S MAIDEN NAME.

B. DEPENDENT(S)/BENEFICIARY/IES

Form section B containing dependent/beneficiary information: SPOUSE, CHILDREN, OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased).

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

Form section A containing employment details: SELF-EMPLOYED (SE), OVERSEAS FILIPINO WORKER (OFW), NON-WORKING SPOUSE (NWS), Foreign Address, Monthly Earnings, Flexi-Fund Program application.

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.

MELVA T. RUBEN

SIGNATURE

11/12/16
DATE



PART II - TO BE FILLED OUT BY SSS

Form section B containing SSS processing details: BUSINESS CODE, MONTHLY SS CONTRIBUTION, START OF PAYMENT, RECEIVED BY, REVIEWED BY, SIGNATURE OVER PRINTED NAME, DATE & TIME.