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

SS NUMBER  
**16-3846256-0**

THIS FORM IS NOT TO BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED FROM THE SSS WEBSITE AT [www.sss.gov.ph](http://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	FIRST NAME	MIDDLE NAME	SEX	DATE OF BIRTH (MM/DD/YYYY)
CIVIL STATUS <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Other					TAX IDENTIFICATION NUMBER (TIN)
NATIONALITY	RELIGION	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, PLACE OUTSIDE THE PHILIPPINES)			
HOME ADDRESS (BARANGAY/SECTION/LOCALITY)		(CITY/MUNICIPALITY)		(PROVINCE)	(COUNTRY)
MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS		TELEPHONE NUMBER (RESIDENTIAL/COMMERCIAL/AREA CODE/TEL. NO.)	
FATHER	LAST NAME	FIRST NAME	MIDDLE NAME	SEX	DATE OF BIRTH (MM/DD/YYYY)
MOTHER'S MAIDEN NAME	LAST NAME	FIRST NAME	MIDDLE NAME	SEX	DATE OF BIRTH (MM/DD/YYYY)

**B. DEPENDENT MEMBERS**

1. SPOUSE	LAST NAME	FIRST NAME	MIDDLE NAME	SEX	DATE OF BIRTH (MM/DD/YYYY)
2. CHILDREN	LAST NAME	FIRST NAME	MIDDLE NAME	SEX	DATE OF BIRTH (MM/DD/YYYY)
3.					
4.					
5.					
6. OTHER DEPENDENT MEMBERS (e.g., dependent children who are not dependent on the registrant)	LAST NAME	FIRST NAME	MIDDLE NAME	SEX	DATE OF BIRTH (MM/DD/YYYY)
1.					
2.					

**C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKERS/WORKING ABROAD SPONSOR**

<b>SELF-EMPLOYED (S)</b> Profession/Business: _____ Year Prof. Business Started: _____ Monthly Earnings: P _____	<b>OVERSEAS FILIPINO WORKER (OW)</b> Foreign Address: _____ Monthly Earnings: P _____	<b>WORKING ABROAD SPONSOR (WAS)</b> No. of Working Spouse: _____ No. of Working Spouse (if): _____ <input type="checkbox"/> YES <input type="checkbox"/> NO I agree with my spouse's membership with SSS. (When the over-printed name of spouse spouse)
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**D. CERTIFICATION**

I certify that the information provided in this form are true and correct.  
(Registrant's correct sign, with signature in the presence of an SSS personnel.)

Registration is required for the following:



PRINTED NAME

SIGNATURE

DATE

**PART II - TO BE FILLED OUT BY SSS**

BUSINESS CODE (FOR SS)	WORKING SPOUSE'S SSC (FOR WAS)	RECEIVED BY (OR REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (NAME, BRANCH/OFFICE/SECTION OFFICE)
MONTHLY SS CONTRIBUTION (FOR SELF-EMPLOYED)	APPROVED SSC (FOR OVERSEAS)	SIGNATURE OVER PRINTED NAME DATE & TIME	SIGNATURE OVER PRINTED NAME DATE & TIME
START OF PAYMENT (FOR OVERSEAS)	FLEX-PAID APPLICATION (FOR OFW)	REVIEWED BY (NAME, BRANCH/SERVICE OFFICE)	SIGNATURE OVER PRINTED NAME DATE & TIME
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		