

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

SS NUMBER
06-4107084-2

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) CAMACHO	(FIRST NAME) JOHN PAUL	(MIDDLE NAME) N/A	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 11 20 1991
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 EVANGELICAL CHRISTIAN	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) CEBU CITY		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) 10K-6 M.S. CENRO AVE CEBU CITY		(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY) LOREGA SAN MIGUEL	(CITY/MUNICIPALITY) CITY	(PROVINCE) CEBU	(COUNTRY) PHILS	ZIP CODE 600
MOBILE/CELLPHONE NUMBER 09231521856	E-MAIL ADDRESS datadadorn@yahoo		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)	
FATHER (LAST NAME) CAMACHO	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) CAMACHO	(FIRST NAME) MARICEL	(MIDDLE NAME) MARICEL	(SUFFIX) CATAO	

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
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 Are you applying for membership in the Flexi-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

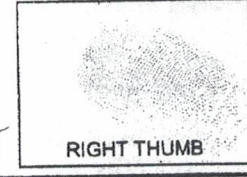
I certify that the information provided in this form are true and correct.
(If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

CAMACHO JOHN PAUL
PRINTED NAME

[Signature]
SIGNATURE

April 18, 2018
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) JOSEPH VALERIAN C. CARREON	RECEIVED & PROCESSED BY (SSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) MEMBERS SERVICES SECTION JOSEPH VALERIAN C. CARREON
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME JOSEPH VALERIAN C. CARREON	SIGNATURE OVER PRINTED NAME JOSEPH VALERIAN C. CARREON
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) 19 APR 2018	DATE & TIME 19 APR 2018
		SIGNATURE OVER PRINTED NAME	DATE & TIME

... a pensioner, is not qualified to apply
... dependent(s)/Beneficiary(ies), if necessary.
... (JRM) or Non-Working Spouse membership
... the required documents.

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Republic of the Philippines
SOCIAL SECURITY SYSTEM
SS NUMBER SLIP

SS Number: 06-4107084-2
CAMACHO, JOHN DAVE
Birthdate: 12/06/1998



06-4107084-2 CAMACHO, JOHN DAVE