



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

SS NUMBER
06-4182495-9

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 FILING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND IN BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME)		NAME (FIRST NAME)		NAME (MIDDLE NAME)		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
TAN		VIERNE		GUEVARRA				09/22/1960	
CIVIL STATUS		TAX IDENTIFICATION NUMBER (IF ANY)							
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others							
NATIONALITY		RELIGION		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE)				(CITY, COUNTRY, if born outside the Philippines)	
FILIPINO		CATHOLIC		CEBU CITY					
HOME ADDRESS (BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY)		(PROVINCE)		(COUNTRY)		ZIP CODE	
BULACAO		CEBU CITY		CEBU		PHILIPPINES		6000	
MOBILE TELEPHONE NUMBER		E-MAIL ADDRESS				TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NUMBER)			
09167390440		viernetan@gmail.com							
MOTHER'S MAIDEN NAME (LAST NAME)		MOTHER'S MAIDEN NAME (FIRST NAME)		MOTHER'S MAIDEN NAME (MIDDLE NAME)		MOTHER'S MAIDEN NAME (SUFFIX)			
GUEVARRA		VIERNESO		DELA CERNA					

B. DEPENDENT(S)/BENEFICIARY(IES)

SPOUSE (LAST NAME)					SPOUSE (FIRST NAME)					SPOUSE (MIDDLE NAME)					SPOUSE (SUFFIX)					DATE OF BIRTH (MMDDYYYY)									
CHILDREN (LAST NAME)					CHILDREN (FIRST NAME)					CHILDREN (MIDDLE NAME)					CHILDREN (SUFFIX)					DATE OF BIRTH (MMDDYYYY)									
OTHER BENEFICIARY(IES) (If without spouse & child and parents are both deceased) (LAST NAME)					OTHER BENEFICIARY(IES) (FIRST NAME)					OTHER BENEFICIARY(IES) (MIDDLE NAME)					OTHER BENEFICIARY(IES) (SUFFIX)					RELATIONSHIP					DATE OF BIRTH (MMDDYYYY)				

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

SELF-EMPLOYED (SE) Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings ₱ _____		OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____ Monthly Earnings ₱ _____ Are you applying for membership in the Flex-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

VIERNE TAN
 PRINTED NAME

[Signature]
 SIGNATURE

SSS Training Dept
 DATE

[Fingerprint]
 RIGHT INDEX

[Fingerprint]
 RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)		WORKING SPOUSE'S MSC (FOR NWS)		RECEIVED BY (REPRESENTATIVE OFFICER/PARTNER/AGENT)		RECEIVED & PROCESSED BY (SSS BRANCH OFFICE/EMPLOYEE)	
		APPROVED MSC (FOR SE/OFW/NWS)		MARC JOSEPH C. LAPIN		SSS - Branch	
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)		FLEXI-FUND APPLICATION (FOR OFW)		SIGNATURE OVER PRINTED NAME		SIGNATURE OVER PRINTED NAME (CTC)	
₱ _____		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		DATE & TIME		DATE & TIME	
START OF PAYMENT (FOR SE/NWS)				REVIEWED BY (SSS BRANCH/SERVICE OFFICE)		MARC JOSEPH C. LAPIN	
				SIGNATURE OVER PRINTED NAME		DATE and TIME	