

## Republic of the Philippines

## SOCIAL SECURITY SYSTEM PERSONAL RECORD

FOR ISSUANCE OF SS NUMBER

SS NUMBER

06-4323038-9

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USE BLACK INK ONLY.												2			
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☐ Male ☐ Female		] Marrie								V IDEIA	I	I ION W	OMBER (	(IF ANT) 1 I	
<del></del>	☑ Single ☐ RELIGION	Marri	ed 🔲 Wido		Legally Sep PLACE OF BIRT		Others	NCE) (CITY	COUNTRY	if born	outside	the Ph	ilippines)	<u> </u>	
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(BARANGAY/DISTRICT/LOCALITY) BARANGAY 49			(CITY/MUNICIPA	PROVINCE)	PHILLPPINES & SOO										
MOBILE/CELLPHONE NUMBER			TACURAN UN LETTE					TELEPHON	TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)						
09771898286			985HANDI@GMAIL.UM								, 00			_	
FATHER (LAST NAME)		(FIRST NAME)						E) .			(SUF	FIX)			
MOTHER'S MAIDEN NAME		CLAST NAME)		DONATO (FIRST NAME)				(SUFFIX)							
77.11.0				(FIRST NAME) MA - SCL				F LA PENA							
					ENT(S)/BENEFICIARY/IES		S		□ ch	eck this box if using additional sheet.					
SPOUSE	(LAST NAME)		(F	RSTNA	MĒ)	(MII	ODLE NAME)	" (SUFFIX	)	DATE	ÖF BI	IRTH (M	MDDYYYY	7	
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CHILD/REN	(LAST NAME)		(F	ME)	(MIDDLE NAME)		(SUFFIX)		DATE OF BIRTH (MMDDYYYY)						
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5.														<u>i l</u>	
OTHER BENEFICIARY/IES (IF (LAST NAME)	without spouse (			both de ENAME)	•	(SUFFIX)	RELATIONSHI	P		DATE	OF BI	RTH (M	MDDYYYY	ว	
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SELF-EMPLOYED (SE)				4.4	ERSEAS FILIP	NO WOR	KER/NON-WO			epoue	HARIAN E		-		
		s Filipino Worker (OFW) gn Address						NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse							
Year Prof./Business Started  Monthly Earnings Mont P		Are you applying for membership thly Earnings in the Flexi-Fund Program? ☐ YES ☐ NO						Monthly Income of Working Spouse (P)							
								I agree with my spouse's membership with SSS.							
								SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE							
					D. CERTIFIC	CATION									
	rided in this form are true and correct. rints in the presence of an SSS personnel.)						Registrant is required to affix fingerprints.								
(if registrant cannot sign, affix fingerp															
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PRINTED NAME			SIGNATURE DATE						1000000		<u>L</u>	R	EX		
BUSINESS CODE	Tuonima a				- TO BE FILL	ED OUT	BY \$55			20505	- D DV		· · ·		
(FOR SE)	WORKING SPOUSE'S NWS)			ECEIVE EPRESE		E/PARTNER AGENT)		(MSS, B	PROPERTY.			REIGN C	OFFICE)		
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MONTHLY SS CONTRIBUTION APPROVED MSC								MEMBER CEBU							
(FOR SE/OFW/NWS)	(FOR SE/OFW/	NWS)		SIGNA	TURE OVER PRINT	ED NAME	DATE & TIME	ŚIGN	ryde Y	DR PRIN	TED/10	PA-4	DATE	& TIME	
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START OF PAYMENT (FOR SEINWS)	FLEXI-FUND (FOR OFW)	APPLIC.	TION (MSS, BRANCH/SERVICE OFFICE)					É A		- 411 /	ENTED!	WAZADI WAZADI	Ala.		
·	Approve	d Dr	isapproved	•	SIGNATURE	OVER PRIN	TED NAME		e (Salar	D	ATE 8 T	IME _	, <u>m</u>		
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