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COV-01214 (09-2015)

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

SS NUMBER

06-4323038-9

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, BARANGAY, 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, CHILD/REN (1-5), OTHER BENEFICIARY/IES (1-2).

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

Form section C containing employment details: SELF-EMPLOYED (SE), OVERSEAS FILIPINO WORKER (OFW), NON-WORKING SPOUSE (NWS).

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.

PRINTED NAME: DISTIAN ROYLE AGUILON

SIGNATURE: [Handwritten Signature]

DATE: 04-07-19



PART II - TO BE FILLED OUT BY SSS

Form section II containing SSS processing details: BUSINESS CODE, WORKING SPOUSE'S MSC, RECEIVED BY, RECEIVED & PROCESSED BY, MONTHLY SS CONTRIBUTION, APPROVED MSC, REVIEWED BY, START OF PAYMENT, FLEXI-FUND APPLICATION.

SSS CEBU BRANCH MEMBER SERVICES SECTION
RECEIVED & PROCESSED BY
SIGNATURE OVER PRINTED NAME
DATE & TIME