



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

SS NUMBER
06-4015165-2

COV-01214 (03-2015)

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 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) LINGAT III		NAME (FIRST NAME) EFREN		NAME (MIDDLE NAME) GOZALES		DATE OF BIRTH (MMDDYYYY) 10/08/1997	
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 CATHOLIC		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) CEBU CITY			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)		(STREET NAME)		(SUBDIVISION)	
(BARRANGAY/DISTRICT/LOCALITY) WEST IDYALAN		(CITY/MUNICIPALITY) PAGA		(PROVINCE) CEBU		(COUNTRY) PHIL.	
ZIP CODE 6000		MOBILE/CELLPHONE NUMBER 0922 7149676		E-MAIL ADDRESS KATZLINGAT@GMAIL.COM		TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.) +639 25743200	
FATHER (LAST NAME) LINGAT		FATHER (FIRST NAME) EFREN		FATHER (MIDDLE NAME) TIOGSON		FATHER (SUFFIX) JD.	
MOTHER'S MAIDEN NAME (LAST NAME) GOZALES		MOTHER'S MAIDEN NAME (FIRST NAME) IPPORA MYRA		MOTHER'S MAIDEN NAME (MIDDLE NAME) OBATAL		MOTHER'S MAIDEN NAME (SUFFIX)	

B. DEPENDENT(S)/BENEFICIARY/ES

Check this box if using additional sheet.

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)	
1.		2.		3.		4.		5.	
OTHER BENEFICIARY/ES (if without spouse & child and parents are both deceased) (LAST NAME)		OTHER BENEFICIARY/ES (FIRST NAME)		OTHER BENEFICIARY/ES (MIDDLE NAME)		OTHER BENEFICIARY/ES (SUFFIX)		RELATIONSHIP	
1. LINGAT		MARY GRACE		GOZALES				SISTER	
2. LINGAT		MARK ANTHONY		GOZALES				BROTHER	
DATE OF BIRTH (MMDDYYYY)		DATE OF BIRTH (MMDDYYYY)		DATE OF BIRTH (MMDDYYYY)		DATE OF BIRTH (MMDDYYYY)		DATE OF BIRTH (MMDDYYYY)	
1. 10/23/2013		2. 10/26/2014							

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 <input type="checkbox"/> YES <input type="checkbox"/> NO Are you applying for membership in the Flexi-Fund Program?		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.

EFREN B. LINGAT III
 PRINTED NAME

SIGNATURE

08/10/17
 DATE

RIGHT

RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE) P		WORKING SPOUSE'S MSC (FOR NWS) P		RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) ANNA L. ALDRAGA-BOLJO SIGNATURE OVER PRINTED NAME DATE & TIME		RECEIVED & PROCESSED BY (SSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) CHILYN KAYE BORGON SIGNATURE OVER PRINTED NAME DATE & TIME 08/10/17 02:13 PM	
MONTHLY SS CONTRIBUTION (FOR SE/OFNWS) P		APPROVED MSC (FOR SE/OFNWS) P		REVIEWED BY (SSS, BRANCH/SERVICE OFFICE) ANNA L. ALDRAGA-BOLJO SIGNATURE OVER PRINTED NAME DATE & TIME			
START OF PAYMENT (FOR SE/NWS)		FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved					