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

SS NUMBER  
**06-4271125-2**

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 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)		(FIRST NAME)		(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
ABELLANDIA		WILBUR N IVERSON		CANETE		013/014/210/11	
SEX	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		ROMAN CATHOLIC		SANGAL TOLEDO CITY			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO)		(STREET NAME)		(SUBDIVISION)	
BARANGAY/DISTRICT/LOCALITY		(CITY/MUNICIPALITY)		(PROVINCE)	(COUNTRY)	ZIP CODE	
PITOGO		CANDIACION		CEBU	PHILIPPINES	6001	
MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)			
09279231541		abellandiawilburiverson@gmail.com					
FATHER (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)	(SUFFIX)		
ABELLANDIA		LINDEL		QUINO			
MOTHER'S MAIDEN NAME (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)	(SUFFIX)		
CANETE		EVA		QUINODAD			

**B. DEPENDENT(S)/BENEFICIARY/IES**

SPOUSE (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY)						<input type="checkbox"/> Check this box if using additional sheet.	
CHILDREN (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 DATE OF BIRTH (MMDDYYYY)							
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 _____	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 _____	
		Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		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.



WILBUR N IVERSON ABELLANDIA  
PRINTED NAME

*[Signature]*  
SIGNATURE

April 12, 2019  
DATE

**PART II - TO BE FILLED OUT BY SSS**

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS)	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FORIGN OFFICE)
	P		MA. CHARLENE S. RICO
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME DATE & TIME	SMSR / SSS MANDALUAY 21:33p
P	P		
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)	SIGNATURE OVER PRINTED NAME DATE & TIME
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
		SIGNATURE OVER PRINTED NAME	DATE & TIME