

Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
SS NUMBER SLIP

SS Number: 06-4138007-9  
LABARDA, IKE SALVADOR MORALES  
Birthdate: 08/18/1996



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

SS NUMBER  
**06-4178007-9**

**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 IN BLACK INK ONLY.

**PART I - TO BE FILLED OUT BY THE REGISTRANT**

**A. PERSONAL DATA**

NAME (LAST NAME) <b>LABARDA</b>		NAME (FIRST NAME) <b>IKE SALVADOR</b>		NAME (MIDDLE NAME) <b>MORALES</b>		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY) <b>0811811996</b>	
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 <b>FILIPINO</b>		RELIGION <b>CATHOLIC</b>		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) <b>TACLOBAN CITY, LEYTE</b>					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) <b>BRGY 7A, NOLA-TOLA</b>		(HOUSE/LOT & BLK. NO.) <b>BLK 6, LOT 2A</b>		(STREET NAME) <b>BEGINA HILLS SUBD.</b>		(SUBDIVISION)			
(BARANGAY/DISTRICT/LOCALITY) <b>BRGY 7A, NOLA-TOLA</b>		(CITY/MUNICIPALITY) <b>TACLOBAN CITY</b>		(PROVINCE) <b>LEYTE</b>		(COUNTRY) <b>PHILIPPINES</b>		ZIP CODE <b>6500</b>	
MOBILE/CELLPHONE NUMBER <b>0955-421-0809</b>		E-MAIL ADDRESS <b>Bojilabarda@gmail.com</b>		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)					
FATHER (LAST NAME) <b>LABARDA</b>		FATHER (FIRST NAME) <b>SALVADOR</b>		FATHER (MIDDLE NAME) <b>VALLIARANG</b>		FATHER (SUFFIX) <b>JR.</b>			
MOTHER'S MAIDEN NAME (LAST NAME) <b>MORALES</b>		MOTHER'S MAIDEN NAME (FIRST NAME) <b>NENITA</b>		MOTHER'S MAIDEN NAME (MIDDLE NAME) <b>POSTRERO</b>		MOTHER'S MAIDEN NAME (SUFFIX)			

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

Check this box if using additional sheet.

DEPENDENT/REN	(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**

<b>SELF-EMPLOYED (SE)</b>		<b>OVERSEAS FILIPINO WORKER (OFW)</b>		<b>NON-WORKING SPOUSE (NWS)</b>	
Profession/Business		Foreign Address		SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started		Are you applying for membership in the Flexi-Fund Program?		Monthly Income of Working Spouse (P.)	
Monthly Earnings		Monthly Earnings		I agree with my spouse's membership with SSS.	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE	

**D. CERTIFICATION**

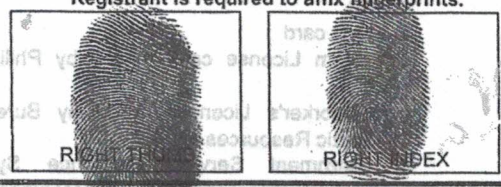
I certify that the information provided in this form are true and correct.  
(If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

**IKE SALVADOR M. LABARDA**  
PRINTED NAME

*[Signature]*  
SIGNATURE

**JUNE 11, 2018**  
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/FOREIGN OFFICE)
	<input checked="" type="checkbox"/> P	SIGNATURE OVER PRINTED NAME	<b>KENNETH B. TAMAYO</b>
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	DATE & TIME	<b>SSS TACLOBAN JUN 11 2018</b>
<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> P	SIGNATURE OVER PRINTED NAME	DATE & TIME
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)	
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	SIGNATURE OVER PRINTED NAME	DATE & TIME