



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

SS NUMBER

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) BELTRAN		NAME (FIRST NAME) VICTOR JM		NAME (MIDDLE NAME) LIBARNES		NAME (SUFFIX) L		DATE OF BIRTH (MMDDYYYY) 01 01 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 ROMAN + CATHOLIC		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) SUBIC Bay CAVITE PHILIPPINES					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) TAFT		(HOUSE/LOT & BLK. NO.) 01270		(STREET NAME) PARADISE ST		(SUBDIVISION)		ZIP CODE 8400	
(BARANGAY/DISTRICT/LOCALITY) TAFT		(CITY/MUNICIPALITY) SUBIC Bay CITY		(PROVINCE) PHILIPPINES		(COUNTRY)		ZIP CODE 8400	
MOBILE/CELLPHONE NUMBER 0919822110		E-MAIL ADDRESS vianslodge@gmail.com			TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL NO.)				
FATHER (LAST NAME) BELTRAN		FATHER (FIRST NAME) VICTOR		FATHER (MIDDLE NAME) AMBRAM		FATHER (SUFFIX) A		DATE OF BIRTH (MMDDYYYY)	
MOTHER'S MAIDEN NAME (LAST NAME) LIBARNES		MOTHER'S MAIDEN NAME (FIRST NAME) WENDY		MOTHER'S MAIDEN NAME (MIDDLE NAME) MEJIA		MOTHER'S MAIDEN NAME (SUFFIX) M		DATE OF BIRTH (MMDDYYYY)	

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet

SPOUSE (LAST NAME)		SPOUSE (FIRST NAME)		SPOUSE (MIDDLE NAME)		SPOUSE (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (LAST NAME)		CHILD/REN (FIRST NAME)		CHILD/REN (MIDDLE NAME)		CHILD/REN (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
1.									
2.									
3.									
4.									
5.									
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased) (LAST NAME)		OTHER BENEFICIARY/IES (FIRST NAME)		OTHER BENEFICIARY/IES (MIDDLE NAME)		OTHER BENEFICIARY/IES (SUFFIX)		RELATIONSHIP	
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 _____ Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		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

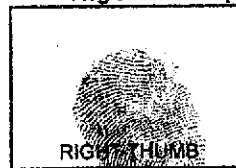
I certify that the information provided in this form are true and correct.
 (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

Victor Jan L. Beltran
 PRINTED NAME

[Signature]
 SIGNATURE

07-12-17
 DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)		WORKING SPOUSE's MSC (FOR NWS) P		RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)		RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) JOHN CARLO G. BARTOLIN SOCIAL SECURITY SYSTEM	
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P		APPROVED MSC (FOR SE/OFW/NWS) P		SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____		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		REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)		SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	