



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

SS NUMBER

06-3025208-5

COV-01:214 (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 FILING 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 (MM/DD/YYYY)
SEX				CIVIL STATUS
<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others
NATIONALITY				TAX IDENTIFICATION NUMBER (TIN)
RELIGION				PLACE OF BIRTH (CITY/MUNICIPALITY AND PROVINCE) (CITY/COUNTRY, I born out of the Philippines)
HOME ADDRESS (BY MAILING AND BILLING NAME)				
HOUSE NO. & STREET NAME		PO BOX NO.	CITY/STATE	
DISTRICT/CITY		MUNICIPALITY	PROVINCE	COUNTRY
ZIP CODE				
MOBILE/CELLPHONE NUMBER		EMAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE - AREA CODE - TEL. NO.)
FATHER (LAST NAME)	FIRST NAME	MIDDLE NAME	SUFFIX	
MOTHER'S MAIDEN NAME (LAST NAME)	FIRST NAME	MIDDLE NAME	SUFFIX	

B. DEPENDENT(S) SUBBENEFICIARY(IES)

Check this box if using additional sheet.

SPOUSE (LAST NAME)	FIRST NAME	MIDDLE NAME	SUFFIX	DATE OF BIRTH (MM/DD/YYYY)
CHILDREN (LAST NAME)	FIRST NAME	MIDDLE NAME	SUFFIX	DATE OF BIRTH (MM/DD/YYYY)
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
1				
2				

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

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

D. CERTIFICATION

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

Registrant is required to affix fingerprints.

PRINTED NAME

SIGNATURE

DATE

RIGHT THUMB

RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE FOR SE	WORKING SPOUSE'S WFO FOR NWS	RECEIVED BY (REPRESENTATIVE OFFICE PARTNER AGENT)	RECEIVED & PROCESSED BY (SSS BRANCH SERVICE OFFICE FOREIGN OFFICE)
MONTHLY SS CONTRIBUTION FOR SE OR NWS	APPROVED MSC FOR SE OR NWS	SIGNATURE OVER PRINTED NAME	DATE & TIME
START OF PAYMENT FOR SE NWS	FLEXIFUND APPLICATION (FOR WFO)	REVIEWED BY (SSS BRANCH/SERVICE OFFICE)	SIGNATURE OVER PRINTED NAME
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	SIGNATURE OVER PRINTED NAME	DATE & TIME