



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

SS NUMBER
06-4079698-1

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) MAODUMA		(FIRST NAME) JOHN EMERITO		(MIDDLE NAME) PELA ROSA		(SUFFIX)		DATE OF BIRTH (MMDDYYYY) 11/29/1997	
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) 3316848434	
NATIONALITY FILIPINO		RELIGION CHRISTIAN		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) LALUANAN, CAGAYA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) RODRIGO #100 L BLK		(HOUSE/LOT & BLK. NO.)		(STREET NAME) JUAN LUNA AVE.		(SUBDIVISION)		(BARANGAY/DISTRICT/LOCALITY) MARIDU	
(CITY/MUNICIPALITY) CEBU CITY		(PROVINCE)		(COUNTRY) PHILIPPINES		ZIP CODE 6000		MOBILE/CELLPHONE NUMBER 0905 265 0381	
E-MAIL ADDRESS johnemertomaoduma@gmail.com		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)							
FATHER (LAST NAME) MAODUMA		(FIRST NAME) EMERITO		(MIDDLE NAME) GABRIEL		(SUFFIX)		MOTHER'S MAIDEN NAME (LAST NAME) PELA ROSA	
(FIRST NAME) EMERITO		(MIDDLE NAME) GABRIEL		(SUFFIX)		(DECEASED)			

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
CHILD/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	
1. MAODUMA		EMERITO		GABRIEL				FATHER	
2.								02/08/1947	

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

SELF-EMPLOYED (SE) <u>WELZEN</u> Profession/Business <u>PRINTING SERVICES</u> Year Prof./Business Started <u>January 02, 2018</u> Monthly Earnings <u>P 6000.00</u>		OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____ Monthly Earnings _____ 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.

John Emerito D. Maoduma
 PRINTED NAME

[Signature]
 SIGNATURE

14 FEB 2018
 DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE) 2002		WORKING SPOUSE'S MSC (FOR NWS) P		RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) WELZEN A. CHUA Signature Over Printed Name		RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) [Signature] Signature Over Printed Name	
MONTHLY SS CONTRIBUTION (OR SE/OFW/NWS) 660		APPROVED MSC (FOR SE/OFW/NWS) P 6000		SIGNATURE OVER PRINTED NAME [Signature]		DATE & TIME 14 FEB 2018	
PART OF PAYMENT (SE/NWS) Feb 2018		FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) [Signature]		DATE & TIME	