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

SS NUMBER

06-4055662-6

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)	
DE LOS SANTOS		EDJEAN		HILAGA		10 25 1988	
SEX	CIVIL STATUS					TAX IDENTIFICATION NUMBER (IF ANY)	
<input type="checkbox"/> Male <input checked="" 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		MAGABINGON, QUINANTON, CEBU				
HOME ADDRESS (RM / FLR / UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)		(STREET NAME)		(SUBDIVISION)	
BARANGAY/DISTRICT/LOCALITY		(CITY/MUNICIPALITY)		(PROVINCE)	(COUNTRY)	ZIP CODE	
HIGHWAY 5130		MAGABINGON CITY		CEBU	PHILIPPINES	6000	
MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE- AREA CODE- TEL. NO.)			
09975145117		edjeandelosantos025@gmail.com					
FATHER	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)			
	DE LOS SANTOS	EDUARDO	LAGUNA				
MOTHER'S MAIDEN NAME	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)			
	LAGUNA	HILAGA	AGUSTINA				

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)		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	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.

EDJEAN DE LOS SANTOS
PRINTED NAME

SIGNATURE

10-21-17
DATE

RIGHT THUMB

RIGHT INDEX

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)
	P		11-16 SENOR ERIC AMAS 11 DEC 2017
MONTHLY SS CONTRIBUTION (FOR SE/OP/NWS)	APPROVED MSC (FOR SE/OP/NWS)	SIGNATURE OVER PRINTED NAME DATE & TIME	SIGNATURE OVER PRINTED NAME DATE & TIME
P	P		
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OPW)	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)	DATE & TIME
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	VIVIAN R. CARRERA	01 DEC 2017