



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

SS NUMBER

**06-4293683-3**

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) <b>DUNGOB</b>		(FIRST NAME) <b>HONEYLYN</b>		(MIDDLE NAME) <b>TIGLEY</b>	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) <b>11 01 1991</b>	
SEX <input type="checkbox"/> Male <input checked="" 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) <b>N/A</b>		
NATIONALITY <b>PHILIPINO</b>	RELIGION <b>ROMAN CATHOLIC</b>		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) <b>LAPU-LAPU CITY</b>		CITY, COUNTRY, if born outside the Philippines		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)		(STREET NAME) <b>PUREOK CAMINO</b>	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) <b>CANJULAD</b>		(CITY/MUNICIPALITY) <b>LAPU-LAPU CITY</b>		(PROVINCE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	ZIP CODE <b>6015</b>	
MOBILE/CELLPHONE NUMBER <b>09570742877</b>		E-MAIL ADDRESS <b>HONEYLYN14DUNGOB@GMAIL.COM</b>		TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.) <b>N/A</b>			
FATHER (LAST NAME) <b>DUNGOB</b>	(FIRST NAME) <b>ROGIE</b>	(MIDDLE NAME) <b>MEDICANO</b>	(SUFFIX)				
MOTHER'S MAIDEN NAME (LAST NAME) <b>TIGLEY</b>	(FIRST NAME) <b>PROYACION</b>	(MIDDLE NAME) <b>OBEDENCIA</b>	(SUFFIX) <b>DUNGOB</b>				

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

Check this box if using additional sheet.

SPOUSE (LAST NAME) <b>N/A</b>		(FIRST NAME) <b>Dun.</b>		(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILDREN (LAST NAME) <b>N/A</b>		(FIRST NAME)		(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
1.							
2.							
3.							
4.							
5.							
OTHER BENEFICIARIES (If without spouse & child and parents are both deceased)				RELATIONSHIP		DATE OF BIRTH (MMDDYYYY)	
1. (LAST NAME) <b>N/A</b>		(FIRST NAME)		(MIDDLE NAME)	(SUFFIX)		
2.							

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

<b>SELF-EMPLOYED (SE)</b> Profession/Business <b>N/A</b> Year Prof./Business Started Monthly Earnings P	<b>OVERSEAS FILIPINO WORKER (OFW)</b> Foreign Address <b>N/A</b> Monthly Earnings P	<b>NON-WORKING SPOUSE (NWS)</b> SS No./Common Reference No. of Working Spouse <b>N/A</b> 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.

**HONEYLYN T. DUNGOB**  
 PRINTED NAME

*Dun.*  
 SIGNATURE

**05/22/19**  
 DATE



**PART II - TO BE FILLED OUT BY SSS**

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS) <b>P</b>	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) <b>MAY 22 2019</b>	RECEIVED & PROCESSED BY (MSS, BRANCH) <b>SSS-LAPU-LAPU BRANCH</b>
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) <b>P</b>	APPROVED MSC (FOR SE/OFW/NWS) <b>P</b>	SIGNATURE OVER PRINTED NAME	<input type="checkbox"/> COMPARED WITH THE ORIGINAL <input checked="" type="checkbox"/> RECEIVED - <input type="checkbox"/> REFILED SIGNATURE OVER PRINTED NAME
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 <b>CHELIE A. BARATAS</b>
		SIGNATURE OVER PRINTED NAME	DATE