

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

SS NUMBER  
**06-4127555-3**

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT [www.sss.gov.ph](http://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>BERCERO</b>		NAME (FIRST NAME) <b>RACHEL ANNE</b>		NAME (MIDDLE NAME) <b>EBRADO</b>		NAME (SUFFIX)		DATE OF BIRTH (MMDDYYYY) <b>03 11 1997</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)	
NATIONALITY <b>FILIPINO</b>		RELIGION <b>ROMAN CATHOLIC</b>		PLACE OF BIRTH (CITY/MUNICIPALITY PROVINCE) <b>CEBU CITY</b>		CITY, COUNTRY, if born outside the Philippines			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) <b>615-J</b>			HOUSE/LOT & BLK. NO. <b>V. RAÑA AVENUE</b>			(STREET NAME)		(SUBDIVISION)	
(BARANGAY/DISTRICT/LOCALITY) <b>GUADALUPE</b>		(CITY/MUNICIPALITY) <b>CEBU CITY</b>		(PROVINCE)		(COUNTRY) <b>PHILIPPINES</b>		ZIP CODE <b>6000</b>	
MOBILE/CELLPHONE NUMBER <b>09275661486</b>			E-MAIL ADDRESS <b>BERRACHEL@GMAIL.COM</b>			TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) <b>NA</b>			
FATHER (LAST NAME) <b>BERCERO</b>		FATHER (FIRST NAME) <b>WILFREDO</b>		FATHER (MIDDLE NAME) <b>MONTEBON</b>		FATHER (SUFFIX)			
MOTHER'S MAIDEN NAME (LAST NAME) <b>EBRADO</b>		MOTHER'S MAIDEN NAME (FIRST NAME) <b>AIDA</b>		MOTHER'S MAIDEN NAME (MIDDLE NAME) <b>CHAVEZ</b>		MOTHER'S MAIDEN NAME (SUFFIX)			

**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)				RELATIONSHIP		DATE OF BIRTH (MMDDYYYY)			
1. (LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)			
2.									

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

<b>SELF-EMPLOYED (SE)</b> Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings P. _____		<b>OVERSEAS FILIPINO WORKER (OFW)</b> Foreign Address _____ Monthly Earnings P. _____ Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>NON-WORKING SPOUSE (NWS)</b> 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.

**BERCERO, RACHEL ANNE**  
PRINTED NAME

*[Signature]*  
SIGNATURE

**MAY 24, 2018**  
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>RECEIVED &amp; PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)</b> <b>05/24/18 10:30 AM</b>	
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) <b>P</b>		APPROVED MSC (FOR SE/OFW/NWS) <b>P</b>		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 <b>PATRICIA JORDAN</b> (MSS, BRANCH/SERVICE OFFICE) <b>05/24/18 10:30 AM</b> SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	

**Contributions**

*Note: Pursuant to Circular No. 2020-032 dated 24 November 2020, starting January 2021, SS contribution includes Workers' Investment and Savings Program or WISP (SSS Provident Fund) contribution.*

MONTHLY CONTRIBUTIONS    SEWA CONTRIBUTIONS    FLEWI FUND    WISP

MONTHLY CONTRIBUTIONS												
Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	1320.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2019	1320.00	1320.00	1320.00	1320.00	1380.00	1440.00	1440.00	1440.00	1440.00	1440.00	1440.00	1380.00
2018	0.00	0.00	0.00	0.00	0.00	0.00	1320.00	1320.00	1320.00	1320.00	1320.00	1320.00

  

SUMMARY	
(A) Total Number of Contributions Displayed	19
(B) Total Number of Contributions not Displayed	0
Total Number of Contributions Posted (A) + (B)	19
Total Amount of Contributions	25,920.00