

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

SS NUMBER

35-0280836-7

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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 (LAST NAME) DATE OF BIRTH (MMDDYYYY) NAME BATESTIL POSALEJOS PIKKO POUF GF CIVIL STATUS SEX 4 18 12 8 17 14 6 19 13 Single ☐ Married ☐ Widowed ☐ Legally Separated ☐ Others Male Female PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) NATIONALITY RELIGION CEBU CIT ROMAN FILIPINO CATHOLIC (SUBDIVISION) (RMJFLRJUNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) HOME ADDRESS 657 ZAMORA STREET (CITY/MUNICIPALITY) (COUNTRY) ZIP CODE (BARANGAY/DISTRICT/LOCALITY) SOUTHERN PHILIPPINES ZONE 50600 LEYTE 6606 MOBILE/CELLPHONE NUMBER -MAIL ADDRESS TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) +639153566818 rikko rosalesos (a) gmai com (FIRST NAME) FATHER (LAST NAME) COLATO (SUFFIX) ROSALEJOS Co (MIDDLE NAME) (FIRST NAME (SUFFIX) (LAST NAME) MOTHER'S MAIDEN NAME LOMELLA BATESTIC LEDET BERMUDEZ B. DEPENDENT(S)/BENEFICIARY/IES Check this box if using additional sheet. (SUFFIX) SPOUSE (LAST NAME) (FIRST NAME) (MIDDLE NAME) DATE OF BIRTH (MMDDYYYY CHILD/REN (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYY 2. 3 4. 5. RELATIONSHIP OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased) (FIRST NAME) (MIDDLE NAME) (SUFFIX) (LAST NAME) C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE SELF-EMPLOYED (SE) OVERSEAS FILIPINO WORKER (OFW) NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse Profession/Business Foreign Address Year Prof./Business Started Monthly Income of Working Spouse (P) I agree with my spouse's membership with SSS. Are you applying for membership in the Flexi-Fund Program? Monthly Earnings Monthly Earnings ☐ YES ☐ NO SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE D. CERTIFICATION Registrant is required to affix fingerprints. 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.) POYEGE B. POSALETOS RIGHT THUMB RIGHT INDEX SIGNATURE PART II - TO BE FILLED OUT BY SSS BUSINESS CODE WORKING SPOUSE'S MSC (FOR RECEIVED & PROCESSED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) (MSS, BRANCH/SERVICEOFFICE/FOREIGN OFFICE) FOR SE) MONTHLY SS CONTRIBUTION APPROVED MSC (FOR SE/OFW/NWS) (FOR SE/OFW/NWS) SIGNATURE OVER PRINTED NAME DATE & TIME SIGNATURE OVER PRINTED NAME DATE & TIME REVIEWED BY MSS, BRANCH/SERVICE OFFICE) START OF PAYMENT FLEXI-FUND APPLICATION