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

SS NUMBER

06-4136907

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.SG.gov.ph
PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS. USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

| | | | | | | | | | |
|--|--|---|---------------------------------|---|---------------------------------|-------------------------------|--|------------------------|-----------------------|
| NAME (LAST NAME) | | NAME (FIRST NAME) | | NAME (MIDDLE NAME) | | NAME (SUFFIX) | | DATE OF BIRTH | |
| BACLOHAN | | EXEQUEL CH-KEY | | INOT | | | | 05/10 | |
| SEX | | CIVIL STATUS | | | | | | TAX IDENTIFICATION NO. | |
| <input checked="" type="checkbox"/> Male <input 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 | | EAST AVENUE QUEZON CITY | | | | | |
| HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) | | | HOUSE/LOT & BLK. NO. | | | STREET NAME | | | SUBDIVISION |
| CASI (BARANGAY/DISTRICT/LOCALITY) | | | CONSOLACION (CITY/MUNICIPALITY) | | | CEBU (PROVINCE) | | | PHILIPPINES (COUNTRY) |
| MOBILE/CELLPHONE NUMBER | | E-MAIL ADDRESS | | | TELEPHONE NUMBER (COUNTRY CODE) | | | | |
| 09978871094 | | QUELBACLOHAN@GMAIL.COM | | | N/A | | | | |
| FATHER (LAST NAME) | | FATHER (FIRST NAME) | | FATHER (MIDDLE NAME) | | FATHER (SUFFIX) | | | |
| CALIGAS | | ERNESTO | | B | | | | | |
| MOTHER'S MAIDEN NAME (LAST NAME) | | MOTHER'S MAIDEN NAME (FIRST NAME) | | MOTHER'S MAIDEN NAME (MIDDLE NAME) | | MOTHER'S MAIDEN NAME (SUFFIX) | | | |
| BACLOHAN | | MAGDALENA | | I | | | | | |

B. DEPENDENT(S)/BENEFICIARY(IES)

Check this box if you are a dependent/beneficiary

| | | | | | | | | | |
|--|--|-------------------------------------|--|--------------------------------------|--|---------------------------------|--|---------------|--|
| SPOUSE (LAST NAME) | | SPOUSE (FIRST NAME) | | SPOUSE (MIDDLE NAME) | | SPOUSE (SUFFIX) | | DATE OF BIRTH | |
| N/A | | | | | | | | | |
| CHILDREN (LAST NAME) | | CHILDREN (FIRST NAME) | | CHILDREN (MIDDLE NAME) | | CHILDREN (SUFFIX) | | DATE OF BIRTH | |
| 1. N/A | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| OTHER BENEFICIARY(IES) (if without spouse & child and parents are both deceased) | | OTHER BENEFICIARY(IES) (FIRST NAME) | | OTHER BENEFICIARY(IES) (MIDDLE NAME) | | OTHER BENEFICIARY(IES) (SUFFIX) | | DATE OF BIRTH | |
| 1. BACLOHAN | | MAGDALENA | | | | | | | |
| 2. | | | | | | | | | |

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

| | | | | | |
|-----------------------------|--|--|--|-------------------------------------|--|
| SELF-EMPLOYED (SE) | | OVERSEAS FILIPINO WORKER (OFW) | | NON-WORKING SPOUSE (NWS) | |
| Profession/Business | | Foreign Address | | SS No./Common Reference No. | |
| Year Prof./Business Started | | Monthly Earnings | | Monthly Income of Working Spouse | |
| Monthly Earnings | | Are you applying for membership in the Flexi-Fund Program? | | I agree with my spouse's membership | |
| P | | P <input type="checkbox"/> YES <input type="checkbox"/> NO | | SIGNATURE OVER PRINTED NAME | |

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.)

Registration is required to affix fingerprints

EXEQUEL CH-KEY I. BACLOHAN

PRINTED NAME

Exequel Ch-Key I. Baclohan

SIGNATURE

JUNE 8, 2018

DATE



PART II - TO BE FILLED OUT BY SSS SOCIAL SECURITY SYSTEM

| | | | | | |
|--|--|--|--|---|--|
| BUSINESS CODE (FOR SE) | | WORKING SPOUSE'S MSC (FOR NWS) | | RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) | |
| | | P | | | |
| MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) | | APPROVED MSC (FOR SE/OFW/NWS) | | SIGNATURE OVER PRINTED NAME | |
| P | | P | | DATE & TIME | |
| START OF PAYMENT (FOR SEMWS) | | FLEXI-FUND APPLICATION (FOR OFW) | | REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) | |
| | | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | SIGNATURE OVER PRINTED NAME | |

RECEIVED BY (MSS, BRANCH/SERVICE OFFICE/FOR)

JUN 08 2018
ANGIE R. DARAO
RECEIVED/CERTIFIED TRUE COPY

DATE & TIME