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COV-01214 (09-2015)

NO SUPPORTING DOCUMENTS SUBMITTED

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

SS NUMBER

06-4120417-1

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) AYING	(FIRST NAME) ALITA FEAYE	(MIDDLE NAME) SUSON	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 01 31 1991
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 FILIPINO	RELIGION ROMAN CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) SITO ASINAN, BAGY BAGUINBIN, PALOMPON, LEYTE		
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) BAGUINBIN, PALOMPON		(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	(COUNTRY)	ZIP CODE
	PALOMPON	LEYTE	PHILIPPINES	6538
MOBILE/CELLPHONE NUMBER 0925509952	E-MAIL ADDRESS absafa9@yahoo.com		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)	
FATHER (LAST NAME) AYING	(FIRST NAME) FELIPE JR.	(MIDDLE NAME) ABUILES	(SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) SUSON	(FIRST NAME) MERLITA	(MIDDLE NAME) YBANEZ	(SUFFIX)	

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) (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP
1. AYING	JOURNIEL	SUSON		BROTHER
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 (₱) 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.

ALITA FEAYE S. AYLING
PRINTED NAME

SIGNATURE

05-10-18
DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS) P	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) FLORDELIZA CITRA MAG. SSS BRANCH
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	DATE & TIME	DATE & TIME 10 MAY 2018
		SIGNATURE OVER PRINTED NAME	DATE & TIME