

(FOR OFW)

☐ Approved ☐ Disapproved

FOR SE/NWS)

Republic of the Philippines SOCIAL SECURITY SYSTEM PERSONAL RECORD

FOR ISSUANCE OF SS NUMBER

SS NUMBER

35-1510233-5

DATE & TIME

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph. 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) 1|1|1|3|2|0|0|1 MAE GRACIA SIEGUE DICO TAX IDENTIFICATION NUMBER (IF ANY) SEX CIVIL STATUS Single Married Widowed ☐ Legally Separated ☐ Others NATIONALITY RELIGION PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) MINGLANILLA CEBU FILIPINO ROMAN CATHOLIC HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) 1823 (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) ZIP CODE PHILIPPINES LAWAAN CEBU TALISAY 6045 TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) MOBILE/CELLPHONE NUMBER F-MAIL ADDRESS (+63) 9083016777 09083016777 mmgshege@gmail.com (MIDDLE NAME) FATHER (LAST NAME) SIEGUE DANTÉ NAVARRO MOTHER'S MAIDEN NAME (SUFFIX) MARIE STORM NABLE DICO B. DEPENDENT(S)/BENEFICIARY/IES Check this box if using additional sheet. SPOUSE (LAST NAME) DATE OF BIRTH (MMDDYYYY) (FIRST NAME) (MIDDLE NAME) CHILD/REN (LAST NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY) 2. OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased) RELATIONSHIP DATE OF BIRTH (MMDDYYYY) (FIRST NAME) (SUFFIX) 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. of Working Spouse Year Prof./Business Started Monthly Income of Working Spouse (₽) 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 I certify that the information provided in this form are true and correct. Registrant is required to affix fingerprints. (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.) MAE GRACIA SIEGUE 01/21/2022 RIGHT THUMB RIGHT INDEX PART II - TO BE FILLED OUT BY SSS BUSINESS CODE WORKING SPOUSE'S MSC (FOR RECEIVED BY RECEIVED & PROCESSED BY (FOR SE) NWS) (REPRESENTATIVE OFFICE/PARTNER AGENT) (MSS, BRANCH/SERVICEOFFICE/FOREIGN OFFICE) MONTHLY SS CONTRIBUTION APPROVED MSC FOR SE/OFW/NWS) FOR SE/OFW/NWS) SIGNATURE OVER PRINTED NAME SIGNATURE OVER PRINTED NAME DATE & TIME DATE & TIME REVIEWED BY (MSS. BRANCH/SERVICE OFFICE) START OF PAYMENT FLEXI-FUND APPLICATION

SIGNATURE OVER PRINTED NAME

INSTRUCTIONS

- 1. Fill out this form and submit to the nearest SSS branch office together with the required documents.
- 2. Fill out the applicable portions as follows:

Parts I-A, B and D, if applying for SS number as pre-employment requirement

Parts I-A, B, C and D, if applying for Self-Employed, Overseas Filipino Worker (OFW) or Non-Working Spouse membership

- For Part I-B "DEPENDENT(S)/BENEFICIARY/IES", use "Additional Sheet for Dependent(s)/Beneficiary/(ies)", if necessary.
- 3. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- 4. If this form is to be downloaded from the internet, please fill-out in two (2) copies.

REMINDERS

- 1. New registrant who is over sixty (60) years old and not a surviving spouse pensioner/guardian of a pensioner, is not qualified to apply for an SS number.
- 2. Your SS number is your lifetime number. You should not have more than one SS number.
- 3. The following required documents should be the original or certified true copy issued by the City or Municipal Civil Registrar or Philippine Statistics Authority/National Statistics Office:
 - 3.1 Birth Certificate
 - 3.2 Marriage Contract/Marriage Certificate
 - 3.3 Death Certificate
- 4. All identification (ID) cards and/or documents with English translation issued by foreign government are acceptable.

LIST OF DOCUMENTARY REQUIREMENTS

Always present the original or certified true copy/ies when submitting the photocopy/ies of the required ID card(s) and/or document(s).

- A. ID Cards and/or Documents for the Issuance of SS Number Birth Certificate, or in its absence, any of the following documents:
 - Baptismal Certificate or its equivalent
 - Driver's License
 - Passport
 - Professional Regulation Commission (PRC) card
 - Seaman's Book (Seafarer's Identification and Record Book)

In the absence of the above ID cards and/or documents, any two (2) of the following documents both with the correct name and at least one (1) with date of birth:

- Alien Certificate of Registration
- ATM card (with cardholder's name)
- Bank Account Passbook
- Baptismal Certificate of child/ren or its equivalent
- Birth Certificate of child/ren
- Certificate of Confirmation issued by National Commission on Indigenous Peoples (formerly Office of Southern Cultural Community and Office of Northern Cultural Community)
- Certificate of Licensure/Qualification Documents from Maritime Industry Authority
- Certificate of Muslim Filipino Tribal Affiliation issued by National Commission on Muslim Filipinos
- Company ID card
- Court Order granting petition for change of name or date of birth
- Credit card
- Firearm License card issued by Philippine National Police (PNP)
- Fishworker's License issued by Bureau of Fisheries and Aquatic Resources (BFAR)
- Government Service Insurance System (GSIS) card/ Member's Record/Certificate of Membership
- Health or Medical card
- Home Development Mutual Fund (Pag-IBIG) Transaction card/Member's Data Form
- Homeowners Association ID card
- ID card issued by Local Government Units (LGUs) (e.g., Barangay/ Municipality/ City)
- ID card issued by professional association recognized by PRC
- Life Insurance Policy

- Marriage Contract/Marriage Certificate
- National Bureau of Investigation (NBI) Clearance
- Overseas Worker Welfare Administration (OWWA) card
- Philippine Health Insurance Corporation (PHIC) ID card/Member's Data Record
- Police Clearance
- Postal ID card
- School ID card
- Seafarer's Registration Certificate issued by Philippine Overseas Employment Administration (POEA)
- Senior Citizen card
- Student Permit issued by Land Transportation Office (LTO)
- Taxpayer's Identification Number (TIN) card
- Transcript of Records
- Voter's ID card/Affidavit/Certificate of Registration

B. Additional Supporting Documents

For married

 Marriage Contract/Marriage Certificate or a copy of Member Data Change Request form (SS Form E-4) of the spouse duly received by the SSS where the name of the registrant is reported as the spouse

For widowed

- Marriage Contract/Marriage Certificate
- Marriage Contract/Marriage Certificate <u>and</u> Death Certificate of spouse <u>or</u> Court Order on the Declaration of Presumptive Death, if previously reported spouse is presumed dead

For legally separated

- Decree of Legal Separation

For annulled or with void marriage

 Certificate of Finality of Annulment/Nullity or annotated Marriage Contract/Marriage Certificate

For divorced

 Decree of Divorce <u>and</u> Certificate of Naturalization (granted before divorce) or its equivalent

For divorced Muslim member

- Certificate of Divorce (OCRG Form No. 102)

For reporting child/ren - whichever is applicable

- Birth Certificate/s or Baptismal Certificate/s or its equivalent
- Decree of Adoption

Documents for local enrolment in the Flexi-fund Program Valid Overseas Employment Certificate (OEC) or Ereceipt issued by POEA



DATE & TIME

Republic of the Philippines SOCIAL SECURITY SYSTEM ADDITIONAL SHEET

SS NUMBER		

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FILL OUT THIS FORM IN TWO (2) COPIES. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY. PART I - TO BE FILLED OUT BY THE REGISTRANT NAME (LAST NAME) (SUFFIX) ADDITIONAL DEPENDENT(S)/BENEFICIARY(IES) CHILD/REN (LAST NAME) DATE OF BIRTH (MMDDYYYY) 2. 3. OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased) RELATIONSHIP DATE OF BIRTH (MMDDYYYY) (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) 1. 2. PRINTED NAME OF REGISTRANT SIGNATURE DATE PART II - TO BE FILLED OUT BY SSS RECEIVED BY RECEIVED & PROCESSED BY REVIEWED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) (MSS, BRANCH/SERVICE OFFICE) SIGNATURE OVER PRINTED NAME SIGNATURE OVER PRINTED NAME SIGNATURE OVER PRINTED NAME

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