

NO DOCUMENTS ATTACHED



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

SS NUMBER  
**06-4315305-5**

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)		NAME (FIRST NAME)		NAME (MIDDLE NAME)	
ALMIRANTE		CLARICE		DAYAWA	
DATE OF BIRTH (MM/DD/YYYY)		TAX IDENTIFICATION NUMBER (IF ANY)			
07/10/1997					
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			
NATIONALITY FILIPINO		RELIGION ROMAN CATHOLIC		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) CEBU CITY	
HOME ADDRESS (RM, FLR, UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)		(STREET NAME) (SUBDIVISION)	
TALAMBAN		27		BORLADO ST. HIDDEN PLAINS SUBD.	
(BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY)		(PROVINCE)	
TALAMBAN		CEBU CITY		PHILIPPINES	
MOBILE/CELLPHONE NUMBER 09063234590		E-MAIL ADDRESS cbalmirante@gmail.com		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) 6000	
FATHER (LAST NAME)		FATHER (FIRST NAME)		FATHER (MIDDLE NAME)	
ALMIRANTE		REINHARD		ROSELL	
MOTHER'S MAIDEN NAME (LAST NAME)		MOTHER'S MAIDEN NAME (FIRST NAME)		MOTHER'S MAIDEN NAME (MIDDLE NAME)	
DAYAWA		BEDIA		LECCIONES	
B. DEPENDENT(S)/BENEFICIARY/IES					
<input type="checkbox"/> Check this box if using additional sheet					
SPOUSE (LAST NAME)		SPOUSE (FIRST NAME)		SPOUSE (MIDDLE NAME)	
CHILD/REN (LAST NAME)		CHILD/REN (FIRST NAME)		CHILD/REN (MIDDLE NAME)	
1.					
2.					
3.					
4.					
5.					
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)				RELATIONSHIP	
1.					
2.					
C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE) Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings P _____		OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____ Monthly Earnings P _____ 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 (P) _____ I agree with my spouse's membership with SSS. SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____	
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.)					
CLARICE ALMIRANTE PRINTED NAME				Registrant is required to affix fingerprints.	
CLARICE SIGNATURE				RIGHT THUMB 	
June 24, 2019 DATE				RIGHT INDEX 	
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) SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____		RECEIVED & PROCESSED BY (MSS BRANCH/SERVICE OFFICE) SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P		APPROVED MSC (FOR SE/OFW/NWS) P		REVIEWED BY (MSS BRANCH/SERVICE OFFICE) SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	
START OF PAYMENT (FOR SENWS) FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____			