



COV-01214 (09-2015)

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

SS NUMBER

06-3835070-8

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) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY)
CANTARONA INGRID TAÑATURA 11/21/1994
SEX CIVIL STATUS TAX IDENTIFICATION NUMBER (IF ANY)
Male Female Single Married Widowed Legally Separated Others
NATIONALITY RELIGION PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines)
FILIPINO ROMAN CATHOLIC BALUD SAN FERNANDO CEBU
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION)
BARANGAY/DISTRICT/LOCALITY (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) ZIP CODE
BAWID SAN FERNANDO CEBU 6019
MOBILE/CELLPHONE NUMBER E-MAIL ADDRESS TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)
09177522426 cantaraingrid@gmail.com
FATHER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)
CANTARONA LOLITO AILLO
MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)
TAÑATURA CLAUDIA DACALDS

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 DATE OF BIRTH (MMDDYYYY)
1.
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. of Working Spouse
Year Prof./Business Started Monthly Earnings Are you applying for membership in the Flexi-Fund Program? Monthly Income of Working Spouse (P) I agree with my spouse's membership with SSS.
Monthly Earnings P Monthly Earnings P YES NO 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.)

Registrant is required to affix fingerprints.

RIGHT THUMB RIGHT INDEX

INGRID T. CANTARONA PRINTED NAME

Cantarona SIGNATURE

06-14-2016 DATE

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE) WORKING SPOUSE'S MSC (FOR NWS) RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) APPROVED MSC (FOR SE/OFW/NWS) SIGNATURE OVER PRINTED NAME DATE & TIME
START OF PAYMENT (FOR SE/NWS) FLEXI-FUND APPLICATION (FOR OFW) REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) SIGNATURE OVER PRINTED NAME DATE & TIME
MELVYN Z. DESUYO 06-14-16