



Republic of the Philippines
SOCIAL SECURITY SYSTEM
SS NUMBER SLIP

SS Number: 06-4249215-7
BULO, RINA MAE BORDONES
Birthdate: 11/26/1999



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

SS NUMBER
06-4249215-7

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) **BULO** (FIRST NAME) **RINA MAE** (MIDDLE NAME) **BORDONES** (SUFFIX) **B.** DATE OF BIRTH (MMDDYYYY) **11/26/1999**

SEX Male Female CIVIL STATUS Single Married Widowed Legally Separated Others TAX IDENTIFICATION NUMBER (IF ANY)

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)
83-D **KATIPUNAN STREET**

(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) ZIP CODE
LABANGON **CEBU CITY** **PHILIPPINES** **6000**

MOBILE/CELLPHONE NUMBER **09432643014** E-MAIL ADDRESS **qnirbordones@gmail.com** TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)

FATHER (LAST NAME) **BULO** (FIRST NAME) **RAUL** (MIDDLE NAME) **PARTOSA** (SUFFIX) **P.**
MOTHER'S MAIDEN NAME (LAST NAME) **BORDONES** (FIRST NAME) **JOSEPHINE** (MIDDLE NAME) **BARADAR** (SUFFIX) **O.**

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) 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? YES NO

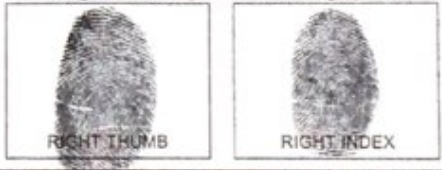
NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse _____ Monthly Income of Working Spouse (P) _____ I agree with my spouse's membership with SSS. SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____

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.)

Registrant is required to affix fingerprints.

RINA MAE BULO PRINTED NAME
Rina Bulo SIGNATURE
2/27/2019 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) _____ 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 SE/NWS) _____ FLEXI-FUND APPLICATION (FOR OFW) Approved Disapproved _____ SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____

RECEIVED & PROCESSED BY
**SOCIAL SECURITY SYSTEM
MEMBER SERVICES SECTION I
CEBU BRANCH**
FEB 27 2019
JENEVIE M. TANJAY
RECEIVED/CERTIFIED PHOTOCOPY ORIGINAL