



E-1

COV-01214 (09-2015)

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

SS NUMBER
06-3856360-5

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

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) SABANAL (FIRST NAME) EDEN MAE (MIDDLE NAME) TEOLOGO (SUFFIX) DATE OF BIRTH (MMDDYYYY) 07231995
SEX [] Male [] Female CIVIL STATUS [] Single [] Married [] Widowed [] Legally Separated [] Others
NATIONALITY FILIPINO RELIGION ROMAN CATHOLIC PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) VELEZ HOSPITAL CEBU CITY
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) PARADES (SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY) UMAPAP (CITY/MUNICIPALITY) MANDAUE CITY (PROVINCE) CEBU (COUNTRY) PHILIPPINES ZIP CODE 0
MOBILE/CELLPHONE NUMBER 09120031328 E-MAIL ADDRESS edenmaesabanal96@gmail.com TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)
FATHER (LAST NAME) SABANAL (FIRST NAME) EDUARDO (MIDDLE NAME) CAPARDO (SUFFIX)
MOTHER'S MAIDEN NAME (LAST NAME) TEOLOGO (FIRST NAME) DOMERIETA (MIDDLE NAME) ANTIGUA (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 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.

EDEN MAE T. SABANAL
PRINTED NAME

[Signature]
SIGNATURE

July 30, 2016
DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE) WORKING SPOUSE'S MSC (FOR NWS) P
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P APPROVED MSC (FOR SE/OFW/NWS) P
START OF PAYMENT (FOR SE/NWS) FLEXI-FUND APPLICATION (FOR OFW) [] Approved [] Disapproved
RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) SIGNATURE OVER PRINTED NAME DATE & TIME
REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) SIGNATURE OVER PRINTED NAME DATE & TIME
RECEIVED & PROCESSED BY SSS MEMBERSHIP SYSTEM (MSS, BRANCH/SERVICE OFFICE) CEBU CITY BRANCH
JUL 30 2016
BRIANE M. MA...
DATE & TIME