



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

SS NUMBER
06-3918714-5

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) MONDANO		(FIRST NAME) ARTCHYL		(MIDDLE NAME) GARCIA	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 11 27 1999
SEX <input checked="" type="checkbox"/> Male <input 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				TAX IDENTIFICATION NUMBER (IF ANY)	
NATIONALITY FILIPINO	RELIGION CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) SURIGAO CITY, SURIGAO DEL NORTE				
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) YATI		(HOUSE/LOT & BLK. NO.) LOT 5 BLOCK 7	(STREET NAME)	(SUBDIVISION) VILLA REYNA SUBDIVISION		
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY) LILOAN	(PROVINCE) CEBU	(COUNTRY) PHILIPPINES	ZIP CODE 6002		
MOBILE/CELLPHONE NUMBER 09264052999	E-MAIL ADDRESS mondanogarciartchyl@gmail.com		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)			
FATHER (LAST NAME) MONDANO	(FIRST NAME) ROLANDO	(MIDDLE NAME) E.	(SUFFIX)			
MOTHER'S MAIDEN NAME (LAST NAME) GARCIA	(FIRST NAME) ILYN	(MIDDLE NAME) DARGANTES	(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)				DATE OF BIRTH (MMDDYYYY)
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	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.)

Registrant is required to affix fingerprints.

ARTCHYL G. MONDANO
 PRINTED NAME

Armondano
 SIGNATURE

01-18-2017
 DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS) P	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) ANARITIA LABIAGA-BODO 18 JAN 2017
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME DATE & TIME ANARITIA LABIAGA-BODO 18 JAN 2017
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	SIGNATURE OVER PRINTED NAME DATE & TIME ANARITIA LABIAGA-BODO 18 JAN 2017