

Copy of Membership Record/s

Others

VERIFICATION

Contribution

Loan Balance

Date of Coverage

Loans/Benefits Eligibility

Employer Number

Status of:

SS Number

06-4336333-7

Loan Application

Benefits Claim Application

released to:

Application for UMID Card

Data Change Requested

Flexi-Fund Premiums

Others

SSS P.E.S.O Fund Premiums

HANTENN, KIA J. NAMOC

B. TO BE FILLED OUT BY DEPARTMENT/BRANCH CONCERNED

VERIFIED/PROCESSED BY

MAR 25 2022

RELEASED BY

SIGNATURE OVER PRINTED NAME

DEPT./BRANCH

DATE & TIME

SIGNATURE OVER PRINTED NAME

DEPT./BRANCH

INSTRUCTIONS

1. Fill out this form in one (1) copy and accomplish appropriate parts as follows:

Filed by member

• Member to fill-out PART I (a to c)

• Member to fill-out "Employment History" (Part I [b]) only if requesting for the following:

- Cancellation of Multiple SS Number
- Consolidation of Contributions
- Correction/Refund/Posting/Adjustment of Contributions
- Deletion of Entry in Employment History Record
- Encoding/Correction of Date of Coverage
- Manual Verification



Republic of the Philippines
SOCIAL SECURITY SYSTEM
REQUEST/VERIFICATION FORM

COV- 01205 (05-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK OR BLUE INK ONLY.

PART I - TO BE FILLED OUT BY MEMBER

A. MEMBER INFORMATION

SS NUMBER	COMMON REFERENCE NUMBER	DATE OF BIRTH (MMDDYYYY) 07 117 119 19 19	TAX IDENTIFICATION NUMBER (IF ANY)
NAME (LAST NAME) NAMOC	(FIRST NAME) HANSENN KIA	(MIDDLE NAME) JAPOS	(SUFFIX)
LOCAL ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)	(HOUSE/LOT & BLK. NO.) 692	(STREET NAME) TRES DE ABRIL STREET	
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY) BARANGAY LABANGON	(CITY/MUNICIPALITY) CEBU CITY	(PROVINCE) CEBU
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE/CELLPHONE NUMBER 0191618 31310 311715	E-MAIL ADDRESS hansennkianamoc@gmail.com	GENDER <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
FOREIGN ADDRESS (IF APPLICABLE)	COUNTRY	ZIP CODE	

TYPE OF MEMBERSHIP
 EMPLOYED VOLUNTARY SELF-EMPLOYED NON-WORKING SPOUSE OVERSEAS FILIPINO WORKER

B. TYPE OF TRANSACTION

REQUEST

Cancellation of Multiple SS Numbers, indicate the following information:
 Civil Status _____ Name of Spouse _____
 Maiden Name (if female) _____ Name of Child/Children 1. _____
 Name of Father _____ 2. _____
 Name of Mother _____ 3. _____

Consolidation of Contributions (for members with multiple employers)
 Correction/Refund/Posting/Adjustment of Contributions
 Deletion of Entry in Employment History Record
 Encoding/Correction of Date of Coverage
 Manual Verification

Employment History (To be filled-out by member requesting for the above request/s) - Please use separate sheet if necessary

	NAME OF EMPLOYER	ADDRESS	PERIOD OF EMPLOYMENT	
			FROM (MMYYYY)	TO (MMYYYY)
1	FIS GLOBAL SOLUTIONS	W. BEONZON ST., FILINVEST CYBERZONE TOWER	11 2 10 11 9	01 2 10 12 10
2		I.T PARK, LAHUB CEBU CITY		

Certification of Membership/Non-Membership
 Copy of Membership Record/s _____ (Record Type)
 Print-out of Computer Records (EE Static Information/Actual Premiums/Flexi-Fund Premiums/SSS P.E.S.O. Fund Premiums/Employment History/Claims Information)
 Others _____

VERIFICATION

Contribution (Indicate Period Covered) _____
 Date of Coverage _____
 Employer Number _____
 SS Number _____
 Flexi-Fund Premiums _____
 SSS P.E.S.O Fund Premiums _____
 Loan Balance _____

Loans/Benefits Eligibility
 Status of:
 Loan Application
 Benefits Claim Application (sickness/maternity/EC/disability.../retirement/death/funeral)
 Application for UMID Card
 Data Change Requested
 Others _____

C. CERTIFICATION

I certify that the information provided in this form are true and correct.

HANSENN KIA J. NAMOC
 PRINTED NAME

SIGNATURE

03/25/22
 DATE

D. AUTHORIZATION (To be filled out by member with authorized representative or company representative only)

I authorize Mr./Ms. _____ to request/verify the information requested above and/or sign documents necessary for the release of the result of the said request/verification.

PRINTED NAME & SIGNATURE OF MEMBER

DATE

PRINTED NAME & SIGNATURE OF AUTHORIZED REP.

DATE

PART I - TO BE FILLED OUT BY SSS

Preference for release of request/verification
 For Mailing For Pick-up (indicate date & time) _____

Identification document/s presented by herein named authorized/co. representative.:
 SS Two (2) valid IDs

Perforate Here



Republic of the Philippines
SOCIAL SECURITY SYSTEM
REQUEST/VERIFICATION FORM
ACKNOWLEDGEMENT STUB

SS NUMBER/COMMON REFERENCE NUMBER (IF ANY)	NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
	NAMOC	HANSENN KIA	JAPOS	
RECEIVED BY	SIGNATURE OVER PRINTED NAME		POSITION TITLE	DATE & TIME
	HANSENN KIA NAMOC			03/25/22 - 10:53am
				SM CITY CEBU BRANCH