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

SS NUMBER
06-4304243-8

COV-012/14 (09-2015)

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) COMENDADOR (FIRST NAME) CHRISTIAN RAY (MIDDLE NAME) CARUZCA (SUFFIX) _____ DATE OF BIRTH (MMDDYYYY) 11/05/1998

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

NATIONALITY FILIPINO RELIGION CATHOLIC PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) SAN JOSE DEL MONTE BULACAN

HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION) _____

(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) ZIP CODE
TUBA DALAGUETE CEBU _____ 6033

MOBILE/CELLPHONE NUMBER 09275303922 E-MAIL ADDRESS chanray99@gmail.com TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.) _____

FATHER (LAST NAME) COMENDADOR (FIRST NAME) _____ (MIDDLE NAME) _____ (SUFFIX) _____
(LAST NAME) CARUZCA (FIRST NAME) JUNE CRISPULO (MIDDLE NAME) B (SUFFIX) _____

MOTHER'S MAIDEN NAME (LAST NAME) CARUZCA (FIRST NAME) CRESELDA (MIDDLE NAME) CAMILO (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) _____

CHILDREN (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 _____ Foreign Address _____
Year Prof./Business Started _____
Monthly Earnings ₱ _____

OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____
Monthly Earnings ₱ _____ 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 (₱) _____
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.

CHRISTIAN RAY COMENDADOR
PRINTED NAME

[Signature]
SIGNATURE

[Date]
DATE



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE) P	WORKING SPOUSE'S MSC (FOR NWS) P	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) JUDIE ANN C. CENTILLAS MSR - SM CITY CEBU SERVICE OFFICE 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) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	SIGNATURE OVER PRINTED NAME _____	DATE & TIME _____