



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

SS NUMBER
06-4232577-4

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 FILING 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) BANLAYGAS		(FIRST NAME) MARJORIE		(MIDDLE NAME) MAHUSAY	(SUFFIX)	DATE OF BIRTH (MM/DD/YYYY) 03/08/1997
SEX <input type="checkbox"/> Male <input checked="" 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 (TIN)		
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) 310 FLLAMAS STREET PUNTA PRINCESA CEBU CITY		(HOUSE/LOT & BLK. NO.)	(STREET NAME)	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) PUNTA PRINCESA	(CITY/MUNICIPALITY) CEBU CITY	(PROVINCE) CEBU	(COUNTRY) PHILIPPINES	ZIP CODE 6000		
MOBILE/CELLPHONE NUMBER 09429051297	E-MAIL ADDRESS mbanlaygasr2@gmail.com		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)			
FATHER (LAST NAME) BANLAYGAS	(FIRST NAME) GOOFREDD	(MIDDLE NAME) LEGASPI	(SUFFIX)			
MOTHER'S MAIDEN NAME (LAST NAME) MAHUSAY	(FIRST NAME) MARIETTA	(MIDDLE NAME) ELMINADA	(SUFFIX)			

B. DEPENDENT(S)/BENEFICIARY(ES)

Check this box if using additional sheet

SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MM/DD/YYYY)	
CHILD/REN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MM/DD/YYYY)	
1.						
2.						
3.						
4.						
5.						
OTHER BENEFICIARY(ES) (if without spouse & child and parents are both deceased)	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MM/DD/YYYY)
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	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.

MARJORIE BANLAYGAS
PRINTED NAME

SIGNATURE

DATE
01/14/19



PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS)	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (SSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE)
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS)	APPROVED MSC (FOR SE/OFW/NWS)	SIGNATURE OVER PRINTED NAME DATE & TIME	FATIMA C. JORDAN 01/21/2019 03:29 PM Cebu Robinsons Fuente SO
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW)	REVIEWED BY (SSS, BRANCH/SERVICE OFFICE)	SIGNATURE OVER PRINTED NAME DATE & TIME
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	FATIMA C. JORDAN OIC-TEAM HEAD/MSR	
		SIGNATURE OVER PRINTED NAME	DATE & TIME

0739T87

Republic of the Philippines
SOCIAL SECURITY SYSTEM
SS NUMBER SLIP

SS Number: 06-4232577-4
BANLAYGAS, MARJORIE MAHUSAY
Birthdate: 03/08/1997