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COV-01214 (09-2015)

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

SS NUMBER

06-3841406-8

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) HONSANTO (FIRST NAME) MICHELLE (MIDDLE NAME) SULITO (SUFFIX) DATE OF BIRTH (MMDDYYYY) 08/21/94

SEX:  Male  Female CIVIL STATUS:  Single  Married  Widowed  Legally Separated  Others

NATIONALITY: NATALAN RELIGION: CATHOLIC PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE, CITY, COUNTRY, If born outside the Philippines): CEBU, CEBU, PHILIPPINES

HOME ADDRESS: (RM./FLR./UNIT NO. & BLDG. NAME) 1000 (HOUSE/LOT & BLDG. NO.) CEBU (STREET NAME) PHILIPPINES (SUBDIVISION)

(BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) ZIP CODE

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

FATHER: (LAST NAME) HONSANTO (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY)

MOTHER'S MAIDEN NAME: (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY)

**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: (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY)

1. (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY)

2. (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY)

3. (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY)

4. (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY)

5. (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) DATE OF BIRTH (MMDDYYYY)

OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)

1. (LAST NAME) HONSANTO (FIRST NAME) RICHARD (MIDDLE NAME) (SUFFIX) RELATIONSHIP: FATHER DATE OF BIRTH (MMDDYYYY) 09/21/96

2. (LAST NAME) HONSANTO (FIRST NAME) DEBETH (MIDDLE NAME) (SUFFIX) RELATIONSHIP: MOTHER DATE OF BIRTH (MMDDYYYY) 05/31/97

**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.

HONSANTO MICHELLE (PRINTED NAME) (SIGNATURE) 06/21/14 (DATE)

RIGHT THUMB (RIGHT INDEX)

**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 (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE):

MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS): APPROVED MSC (FOR SE/OFW/NWS): SIGNATURE OVER PRINTED NAME: DATE & TIME: SIGNATURE OVER PRINTED NAME: DATE & TIME:

START OF PAYMENT (FOR SE/NWS): FLEXI-FUND APPLICATION (FOR OFW):  Approved  Disapproved: REVIEWED BY (MSS, BRANCH/SERVICE OFFICE): SIGNATURE OVER PRINTED NAME: DATE & TIME:

MELVYN Z. DESUYO (SIGNATURE OVER PRINTED NAME) 06-27-16 (DATE & TIME)

JARVIS NIKE B. JARANILLA (SIGNATURE OVER PRINTED NAME) 06-27-16 / 12:14 PM (DATE & TIME)