

Republic of the Philippines SOCIAL SECURITY SYSTEM PERSONAL RECORD

SS NUMBER 06 4 099 0/56

FOR ISSUANCE OF SS NUMBER

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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

USE BLACK INK UNLY										
		PART I - TO E	BE FILLED OUT B		GISTRANT					
NAME (LAST NAME)		(CIDAT MANE)	A. PERSONAL	MIDDLE NAME		(SUFFIX)	DATE OF BIRTH	ANDOCCO		
NAME (LAST NAME)		(FIRST NAME)			,		DATE OF BIRTH (
VIACINIO		TAEFECC 1	ALICI	1 1011	POTALLA					
SEX	IL STATUS					TAX	IDENTIFICATION	NUMBER (II	FANY)	
Male Female	Single 🗌 Marri	ed 🗌 Widowed	Legally Separa	ated 🗆 C	Others					
	LIGION		PLACE OF BIRTH) (CITY. COUNTRY.	if born outside the l	Philippines)		
FTUTPENIU	CTERAL C	ATHOUTC		i Pi I	TTY /				1	
HOME ADDRESS (R	MIFLE UNIT NO & BLDG	G NAME)	(HOUSE/LOT & BL	K NO.)	(STR	EET NAME)	(SUBDIV	SION)		
	DI	Y TE AT	PHE TR	-11.07	B XIGAN		MUTILA E			
(BARANGAY/DISTRICT/LOCA	LITY)	(CITY/MUNICIPALITY)		(PROVI	NCE)	(COU	INTRY)	ZIP COD	E	
	KILL LACITSK	1 / + 1	6.0							
MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS			TEL	EPHONE NUMBER	(COUNTRY CODE+	REA CODE+	TEL NO.)	
0991 58141	25	r11+0 0	okala C		×					
ATHER	(LAST NAME)		(FIRST NAME)		(MID	DLE NAME)	(SI	JFFIX)		
	1 ARTIL		CLLC	1	D	E LEON				
OTHER'S MAIDEN NAME	(LAST NAME)		(FIRST NAME)			DLE NAME)	(S	UFFIX)		
	PIVING	AUL	YILKIA			JA CALLA				
		B. DEPER	NDENT(S)/BENEFIC			Ch	eck this box if us			
POUSE	(LAST NAME)	(FIRST	NAME)	(MIDDLE	NAME)	(SUFFIX)	DATE OF BIRTH	(MMDDYYY	Y)	
HILD/REN	(LAST NAME)	(FIRST	NAME)	(MIDDLE	NAME)	(SUFFIX)	DATE OF BIRTH	(MMDDYY)	(Y)	
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2										
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3.										
4.							- Aller			
5									1 1	
THER BENEFICIARY/IES (If w	ithout spouse & child	i and parents arē boi	h deceased)	R	ELATIONSHIP		DATE OF BIRT	H (MMDDY)		
(LAST NAME)	(FIRST NAME)	(MIDDLE NA		(SUFFIX)					,	
1.										
2										
	C. FOR S	SELF-EMPLOYED/	OVERSEAS FILIPI	NO WORKE	R/NON-WOR	KING SPOUSE				
ELF-EMPLOYED (SE)	OVERSE	OVERSEAS FILIPINO WORKER (OFW)					NON-WORKING SPOUSE (NWS)			
Profession/Business	For	eign Address				SS No./Common Reference No. of Working Spouse				
Year Prof./Business Star	ted		•				e of Working Spous			
				plying for m		I agree with	n my spouse's m	embership	with SSS.	
Monthly Earnings		Monthly Earnings in the Flexi-Fund Program?								
₽	P		🗌 YES		NO	SIGNATURE	OVER PRINTED NAM		ING SPOUSE	
			D. CERTIFIC							
	ne information pro					Registrant is	s required to af	ix finger,	prints.	
(If registrant can	not sign, affix finger	rprints in the preser	nce of an SSS perso	onnel.)						
						JA 164				
							2.5	- Aller		
					1	W WILL -	1. A.	1200	8 I	
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THERE ALAK				4/4	118	RIGHT THUM	1B	RIGHT IN	DEX	
PRINTED N'A		SIGNATL	JRE	DATE						
			T II - TO BE FIL	LED OUT	EY SSS					
USINESS CODE	WORKING SPOUS		RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)			RECEIVED &	PROCESSED BY			
OR SE)	NWS)	(REP				(MSS, BRANCH	(MSS, BRANCHISERY ICEOFFICE/FOREIAPRE) 04			
	2						h	M		
ONTHLY SS CONTRIBUTION	APPROVED MSC						PARIS SIMENE	JR.		
OR SE/OFW/NWS)	(FOR SE/OFWINWS)				DATE 4 700		SELLC/SHOOLSO	ACIÓN	DATE & TIME	
			SIGNATURE OVER PRIN	IED NAME	DATE & TIME	SIGNATUR	E OVER PRINTED	NWE.	DATE & TIME	
	P		IEWED BY							
TART OF PAYMENT	FLEXI-FUND APPL	ICATION (MSS	BRANCH/SERVICE OF	FIGE)						
An OFICIALS)	(FOR OFW)									
	Approved	Disapproved	SIGNATUR	E OVER PRIN	TED NAME	-	DATE 8	TIME		