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

SS NUMBER

06-4218037-5

COV-01214 (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) **KAWARADA** (FIRST NAME) **NAOH** (MIDDLE NAME) **CAGAYANAN** (SUFFIX) _____ DATE OF BIRTH (MMDDYYYY) **01/11/1919**

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

NATIONALITY **FILIPINO** RELIGION **AGLIPAY** PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) **LAPU-LAPU CITY, CEBU**

HOME ADDRESS (RM, FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION) **#64 ILANG-ILANG ST. CAMBULA HOMES BRG. PASAY LAPU-LAPU CITY** (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) (ZIP CODE) **6015**

MOBILE/CELLPHONE NUMBER **09280830665** E-MAIL ADDRESS **kawarada11naoh@gmail.com** TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) _____

FATHER (LAST NAME) **KAWARADA** (FIRST NAME) **NOBORU** (MIDDLE NAME) _____ (SUFFIX) **(DECEASED)**

MOTHER'S MAIDEN NAME (LAST NAME) **CAGAYANAN** (FIRST NAME) **ROSALIE** (MIDDLE NAME) **ABILO** (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) _____

CHILD/REN (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)

1 (LAST NAME) **KAWARADA**, (FIRST NAME) **ROSALIE** (MIDDLE NAME) **CAGAYANAN** (SUFFIX) _____ RELATIONSHIP **MOTHER** DATE OF BIRTH (MMDDYYYY) **01/11/1919**

2 (LAST NAME) **CORRO** (FIRST NAME) **DOROTHY ANNE** (MIDDLE NAME) **KAWARADA** (SUFFIX) _____ RELATIONSHIP **NIECE** DATE OF BIRTH (MMDDYYYY) **01/11/2016**

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 _____ Are you applying for membership in the Flexi-Fund Program? YES NO 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

NAOH KAWARADA *Naoh Kawarada* **12/3/18**
PRINTED NAME SIGNATURE DATE

RIGHT THUMB **RIGHT INDEX**

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE) _____ WORKING SPOUSE'S MSC (FOR NWS) **P** RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) **SELEN A. SANCHEZ** **DEC 03 2018** RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) **SELEN A. SANCHEZ** **DEC 03 2018**

MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) **P** 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 _____ SIGNATURE OVER PRINTED NAME DATE & TIME _____