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

SS NUMBER

06-4300814-2

COV-01214 (09-2018)

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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) (FIRST NAME) (MIDDLE NAME) (SUFFIX) (DATE OF BIRTH (MM/DD/YYYY))  
 VIASON JOAN MONTECLAROS 11/09/1998

SEX (Male  Female ) CIVIL STATUS (Single  Married  Widowed  Legally Separated  Others ) TAX IDENTIFICATION NUMBER (if any)

NATIONALITY (FILIPINO) RELIGION (BORN-AGAIN CHRISTIAN) PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) (Punta, Old Poblacion, Escalante, Negros Occ.)

HOME ADDRESS (MUNICIPALITY/CITY, COUNTRY) (MUNICIPALITY) (SUBJECT & B.L.K. NO.) (STREET NAME) (SUBDIVISION)  
 Aguanap Ocean City (PROVINCE) (COUNTRY) (ZIP CODE)

MOBILE/CELLPHONE NUMBER (C-MAIL ADDRESS) (TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.))  
 0969918762 joanviason@gmail.com Nicos

FATHER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) (MOTHER'S MAIDEN NAME) (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)  
 VIASON FRANCISCO MONTECLAROS HIRASOL BOC

**B. DEPENDENT/BENEFICIARIES**  Check the box if using additional sheet

SPOUSE (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) (DATE OF BIRTH (MM/DD/YYYY))

CHILDREN (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) (DATE OF BIRTH (MM/DD/YYYY))

1. 2. 3. 4. 5.

OTHER BENEFICIARIES (if without spouse & child and parents are both deceased) (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) (RELATIONSHIP) (DATE OF BIRTH (MM/DD/YYYY))

1. Rebecca Miraflores Viason Sister 11/29/1999

2.

**C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE**

**SELF-EMPLOYED (SE)**  
 Professional/Others  
 Year Prof./Business Started  
 Monthly Earnings

**OVERSEAS FILIPINO WORKER (OFW)**  
 Foreign Address  
 Monthly Earnings  
 Are you applying for membership in the FlexFund 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.



JOAN H. VIASON  
 PRINTED NAME

*J. Viason*  
 SIGNATURE DATE 09/01/19

**PART II - TO BE FILLED OUT BY SSS**

BUSINESS CODE (FOR SE) WORKING SPOUSE'S SS NO. (FOR NWS) APPROVED SSG (FOR SE/OFW) FLEX-FUND APPLICATION (FOR OFW)  
 MONTHLY SS CONTRIBUTION (FOR SE/OFW) START OF PAYMENT (FOR SE/OFW)  
 Approved  Disapproved

RECEIVED BY (NAME) (SIGNATURE) (DATE & TIME)  
 SSS BRANCH/SERVICE OFFICE

RECEIVED & PROCESSED BY (NAME) (SIGNATURE) (DATE & TIME)  
 SSS BRANCH/SERVICE OFFICE

SIGNATURE OVER PRINTED NAME

DATE & TIME