

**E-1**

COV-01214 (09-2015)

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

SS NUMBER

**34-6854531-1**

**THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT [www.sss.gov.ph](http://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) <b>IGNACIO</b> (FIRST NAME) <b>PRINCESS ESTER</b> (MIDDLE NAME) <b>SOLIS</b> (SUFFIX)		DATE OF BIRTH (MMDDYYYY)	
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others		TAX IDENTIFICATION NUMBER (IF ANY)
NATIONALITY <b> Filipino</b>	RELIGION <b> Roman Catholic</b>	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) <b> Amaya I. Lanza, Cavite</b>	
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) <b> Amaya I. Lanza</b>		(HOUSE/LOT & BLK. NO.) <b> 101110</b>	(STREET NAME) (SUBDIVISION) <b> Cavite</b>
(BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY)	(PROVINCE) (COUNTRY) ZIP CODE
MOBILE/CELLPHONE NUMBER		E-MAIL ADDRESS <b> princessignacio00@yahoo.com</b>	TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)
FATHER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)			
MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (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) (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)	RELATIONSHIP DATE OF BIRTH (MMDDYYYY)
1. <b> Ignacio Lanza</b>	<b> nephew 12/13/1999</b>
2. <b> Ignacio Samuel Solis</b>	<b> Brother 02/13/1999</b>

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

SELF-EMPLOYED (SE) Profession/Business  Year Prof./Business Started  Monthly Earnings <b> P</b>	OVERSEAS FILIPINO WORKER (OFW) Foreign Address  Monthly Earnings <b> P</b>	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
Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**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.

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) <b> P</b>	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT)	RECEIVED & PROCESSED BY (MSS BRANCH/SERVICE OFFICE/FOREIGN OFFICE) <input checked="" type="checkbox"/> RECEIVED <input type="checkbox"/> ENCODED <input type="checkbox"/> COMPARED WITH THE ORIGINAL <b>JOCELYN D. MINDANAO</b> <b>JMSR</b> DATE: _____ TIME: _____ DATE & TIME
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) <b> P</b>	APPROVED MSC (FOR SE/OFW/NWS) <b> P</b>	SIGNATURE OVER PRINTED NAME DATE & TIME	
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE)  SIGNATURE OVER PRINTED NAME	

**JUN 14 2017**