

**E-1**

COV-01214 (09-2015)

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

SS NUMBER

34-6816907-2

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) CASPILLO		(FIRST NAME) JEHOSHUAH		(MIDDLE NAME) ZA RANTA	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 04/18/1997
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input checked="" 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 FILIPINO	RELIGION CATHOLIC		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) NAIC, CAVITE			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.) 540	(STREET NAME) BANCAL ST.		(SUBDIVISION)	
(BARANGAY/DISTRICT/LOCALITY) MALABON BAGO		(CITY/MUNICIPALITY) NAIC	(PROVINCE) CAVITE	(COUNTRY) PHILIPPINES	ZIP CODE 4110	
MOBILE/CELLPHONE NUMBER 0950 600 5621		E-MAIL ADDRESS jehoshuahcaspillo@gmail.com		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)		
FATHER (LAST NAME) CASPILLO		(FIRST NAME) JEHOSHUAH		(MIDDLE NAME) WILLIAM	(SUFFIX) AWILANADA	
MOTHER'S MAIDEN NAME (LAST NAME) ZA RANTA		(FIRST NAME) WILLIAM		(MIDDLE NAME) WILLIAM	(SUFFIX) AWILANADA	

B. DEPENDENT(S)/BENEFICIARY/IES☐ Check this box if using additional sheet.

SPOUSE (LAST NAME) CASPILLO	(FIRST NAME) JEHOSHUAH	(MIDDLE NAME) WILLIAM	(SUFFIX) AWILANADA	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
1.				
2.				

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? <input type="checkbox"/> YES <input type="checkbox"/> 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.

JEHOSHUAH Z. CASPILLO

PRINTED NAME

SIGNATURE

May 31, 2017

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)	RECEIVED & PROCESSED BY (MSS. BRANCH/SERVICE OFFICE/FOREIGN OFFICE)
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME	SIGNATURE OVER PRINTED NAME
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)	DATE
		SIGNATURE OVER PRINTED NAME	DATE

