



Republic of the Philippines
SOCIAL SECURITY SYSTEM
SS NUMBER SLIP

SS Number: 06-4016409-2

FROISLAND, REYNATO ESTERON

Birthdate: 02/03/1977



06-4016409-2 FROISLAND, REYNATO ESTERON

**E-1**

COV-01214 (09-2015)

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

SS NUMBER

06-4016409-2

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) <u>Froisland</u> (FIRST NAME) <u>Reynato</u> (MIDDLE NAME) <u>Esteron</u> (SUFFIX) <u></u>		DATE OF BIRTH (MMDDYYYY) <u>19880817</u>	
SEX <input checked="" 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 <u></u>		TAX IDENTIFICATION NUMBER (IF ANY) <u></u>
NATIONALITY <u>Filipino</u>	RELIGION <u>Catholic</u>	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) <u>Angeles City, Pampanga</u>	
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION) <u>Barangay Dist. B Leyte</u>			
(BARANGAY/DISTRICT/LOCALITY) <u></u>		(CITY/MUNICIPALITY) <u></u>	(PROVINCE) (COUNTRY) ZIP CODE <u></u>
MOBILE/CELLPHONE NUMBER <u>09208401740</u>		E-MAIL ADDRESS <u>FroislandGG@gmail.com</u>	TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.) <u></u>
FATHER (LAST NAME) <u>Froisland</u> (FIRST NAME) <u>Gerald</u> (MIDDLE NAME) <u>Cordeiro</u> (SUFFIX) <u></u>			
MOTHER'S MAIDEN NAME (LAST NAME) <u>Froisland</u> (FIRST NAME) <u>Amelita</u> (MIDDLE NAME) <u>Esteron</u> (SUFFIX) <u>GRACIA</u>			

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. <u>Froisland, Daniel</u>		<u>20120819</u>
2. <u></u>		<u></u>
3. <u></u>		<u></u>
4. <u></u>		<u></u>
5. <u></u>		<u></u>
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. <u></u>		<u></u>
2. <u></u>		<u></u>

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

SELF-EMPLOYED (SE) Profession/Business <u></u> Year Prof./Business Started <u></u> Monthly Earnings P <u></u>	OVERSEAS FILIPINO WORKER (OFW) Foreign Address <u></u> Monthly Earnings P <u></u> 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 <u></u> Monthly Income of Working Spouse (P) I agree with my spouse's membership with SSS. SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE <u></u>
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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.

Reynato Froisland P. Froisland 8:14, 2017
PRINTED NAME SIGNATURE DATE

**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) <u></u> SIGNATURE OVER PRINTED NAME DATE & TIME	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) <u>DANE V. SALVATIERRA</u> <u>SSS TACLOBAN BRANCH</u> SIGNATURE OVER PRINTED NAME DATE & TIME
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) <u></u> SIGNATURE OVER PRINTED NAME DATE & TIME	<u>AUG 14 2017</u>
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		