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

SS NUMBER

06-4102936-9

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) GALLEGOS		NAME (FIRST NAME) MIA		NAME (MIDDLE NAME) SOLANA		DATE OF BIRTH (MM/DD/YYYY) 05/19/1997	
SEX <input type="checkbox"/> Male <input checked="" 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					
NATIONALITY ENIPINO		RELIGION ROMAN CATHOLIC		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) ORMOC, CITY		CITY, COUNTRY, IF born outside the Philippines 1	
HOME ADDRESS (RM/FUR UNIT NO & BLDG NAME) DIST. 21		(STREET NAME) SAN NICOLAS ST.		(SUBDIVISION) PHILIPPINES		ZIP CODE 6541	
MOBILE/CELLPHONE NUMBER 0945337204		E-MAIL ADDRESS ORMOC		TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL NO.) 0945337204		N/A	
FATHER (LAST NAME) GALLEGOS		FATHER (FIRST NAME) OSCAR		FATHER (MIDDLE NAME) BAPTISTA		FATHER (SUFFIX) N/A	
MOTHER'S MAIDEN NAME (LAST NAME) SOLANA		MOTHER'S MAIDEN NAME (FIRST NAME) MARGIE		MOTHER'S MAIDEN NAME (MIDDLE NAME) BANDE		MOTHER'S MAIDEN NAME (SUFFIX) N/A	

B. DEPENDENT(S)/BENEFICIARY/IES

SPOUSE (LAST NAME) N/A		SPOUSE (FIRST NAME) N/A		SPOUSE (MIDDLE NAME) N/A		SPOUSE (SUFFIX) N/A		DATE OF BIRTH (MM/DD/YYYY) N/A	
CHILDREN (LAST NAME) N/A		CHILDREN (FIRST NAME) N/A		CHILDREN (MIDDLE NAME) N/A		CHILDREN (SUFFIX) N/A		DATE OF BIRTH (MM/DD/YYYY) N/A	
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		3		4		5	

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	
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D. CERTIFICATION

I certify that the information provided in this form are true & correct.
 (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

MIA S. GALLEGOS

PRINTED NAME

SIGNATURE

DATE

04/12/18

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) IZLIE M. TOLIN		RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) 12 APR 2018	
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P		APPROVED MSC (FOR SE/OFW/NWS) P		SIGNATURE OVER PRINTED NAME IZLIE M. TOLIN		DATE & TIME 12 APR	
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 & TIME	