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COV-01214 (09-2015)

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

SS NUMBER

06-4102936-9

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 GAWEGOS | (LAST NAME) MIA | (FIRST NAME) SOLANA | (MIDDLE NAME) SOLANA | (SUFFIX) | DATE OF BIRTH (MM/DD/YYYY) 05/19/1899 | |
| 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 | TAX IDENTIFICATION NUMBER (IF ANY) | | | | |
| NATIONALITY FMP/NO | RELIGION ROMAN CATHOLIC | PLACE OF BIRTH (CITY/MUNICIPALITY/PROVINCE) ORMOC, CITY | (CITY/COUNTRY, If born outside the Philippines) | | | |
| HOME ADDRESS TRM/FLR/UNIT NO & BLDG NAME 1 | TRM/FLR/UNIT NO & BLDG NAME ROMOC | (HOUSE/LOT & BLK NO.) | (STREET NAME) SAN NICOLAS ST. | (SUBDIVISION) | | |
| (BARANGAY/DISTRICT/LOCALITY) DIST. 21 | (CITY/MUNICIPALITY) ORMOC | (PROVINCE) CEBU | (COUNTRY) PHILIPPINES | ZIP CODE 654 | | |
| MOBILE/CELLPHONE NUMBER 09453372504 | E-MAIL ADDRESS | TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL NO.) N/A | | | | (SUFFIX) |
| FATHER N/A | (LAST NAME) GAWEGOS | (FIRST NAME) OSCAR | (MIDDLE NAME) MARGIE | (SUFFIX) BAPTISTA | DATE OF BIRTH (MM/DD/YYYY) | |
| MOTHER'S MAIDEN NAME SOLANA | | | | | | |

B. DEPENDENT(S)/BENEFICIARY(IES)

 Check this box if using additional sheet.

| | | | | | | |
|--|-------------|--------------|---------------|----------|----------------------------|----------------------------|
| SPOUSE N/A | (LAST NAME) | (FIRST NAME) | (MIDDLE NAME) | (SUFFIX) | DATE OF BIRTH (MM/DD/YYYY) | |
| CHILDREN 1 2 3 4 5 | (LAST NAME) | (FIRST NAME) | (MIDDLE NAME) | (SUFFIX) | DATE OF BIRTH (MM/DD/YYYY) | |
| OTHER BENEFICIARY(IES) (If without spouse & child and parents are both deceased) 1 2 | (LAST NAME) | (FIRST NAME) | (MIDDLE NAME) | (SUFFIX) | RELATIONSHIP | DATE OF BIRTH (MM/DD/YYYY) |

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

| | | |
|---|--|---|
| SELF-EMPLOYED (SE) Profession/Business | OVERSEAS FILIPINO WORKER (OFW) Foreign Address | NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse |
| Year Prof./Business Started | | Monthly Income of Working Spouse (P) |
| Monthly Earnings P | Are you applying for membership in the Flexi-Fund Program? Monthly Earnings P <input type="checkbox"/> YES <input type="checkbox"/> NO | 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 & correct.
(If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

MIA S. GAWEGOS

PRINTED NAME

SIGNATURE

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) | RECEIVED & PROCESSED BY (MSS. BRANCH/SERVICE OFFICE/FOREIGN OFFICE) |
| MONTHLY S5 CONTRIBUTION (FOR SE/OFW/NWS) P | APPROVED MSC (FOR SE/OFW/NWS) P | SIGNATURE OVER PRINTED NAME IZLIE M. TOLIN | SIGNATURE OVER PRINTED NAME 12 APR 2018 |
| START OF PAYMENT (FOR SENIWS) | FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | REVIEWED BY (MSS. BRANCH/SERVICE OFFICE) | SIGNATURE OVER PRINTED NAME 12 APR |
| | | | DATE & TIME |
| | | SIGNATURE OVER PRINTED NAME | DATE & TIME |