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COV-01214 (03-2015)



Republic of the Philippines

SOCIAL SECURITY SYSTEM
PERSONAL RECORD

FOR ISSUANCE OF SS NUMBER

SS NUMBER

0941796365

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) AGUSTIN		(FIRST NAME) SHARIN IME		(MIDDLE NAME) PRUDENT	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 12051997
SEX <input type="checkbox"/> Male <input checked="" 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 Filipino	RELIGION CHRISTIAN		PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) TALAMUN CITY			
HOME ADDRESS (RM/FLR/UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK. NO.)		(STREET NAME)		(SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY) Pob. 3 Indang		(CITY/MUNICIPALITY) Cavendish		(PROVINCE) DAVAO DEL SUR	(COUNTRY) PHILIPPINES	ZIP CODE
MOBILE/CELLPHONE NUMBER 0941796365		E-MAIL ADDRESS		TELEPHONE NUMBER (COUNTRY CODE + AREA CODE + TEL. NO.)		
FATHER (LAST NAME) AGUSTIN	(FIRST NAME) SHARIN	(MIDDLE NAME) WESTER	(SUFFIX) C	DATE OF BIRTH (MMDDYYYY) 20		
MOTHER'S MAIDEN NAME (LAST NAME) PRUDENT	(FIRST NAME) SHARIN	(MIDDLE NAME) D	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)		

B. DEPENDENT(S)/BENEFICIARY/IES

☐ Check this box if using additional sheet.

SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILDREN (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	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 and correct.
(If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

SHARIN IME AGUSTIN

PRINTED NAME

SIGNATURE

DATE

September 2, 2016

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 (NWS BRANCH/SERVICE OFFICE/FOREIGN OFFICE) HILDEBRANDO S. ORTEGA CEO-1
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	SIGNATURE OVER PRINTED NAME DATE & TIME	SIGNATURE OVER PRINTED NAME DATE & TIME
START OF PAYMENT (FOR SE/NWS)	FLEXIFUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	REVIEWED BY (NWS BRANCH/SERVICE OFFICE) HILDEBRANDO S. ORTEGA CEO-1	SIGNATURE OVER PRINTED NAME DATE & TIME