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

E-1

SS NUMBER 09-4096804-0

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 ON 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) Colido (FIRST NAME) Albert (MIDDLE NAME) Bautista (SUFFIX) — DATE OF BIRTH (MM-DD-YYYY) 0 1 1 9

TAX IDENTIFICATION NUMBER (IF ANY)

SEX: ☐ Male ☐ Female — CIVIL STATUS: ☐ Single ☐ Married ☐ Widowed ☐ Legally Separated ☐ Others

NATIONALITY — RELIGION — PLACE OF BIRTH (CITY/MUNICIPALITY/PROVINCE, CITY/COUNTRY IF OUTSIDE THE PHILIPPINES)

HOME ADDRESS (UNIT/FLR NO. & BLDG NAME) (HOUSE NO. & BLK NO.) (STREET NAME) (SUBDIVISION) (COUNTRY) (ZIP CODE)

BARANGAY (DISTRICT/SUBDIVISION) — CITY/MUNICIPALITY Taguig City — PROVINCE

MOBILE/CELLPHONE NUMBER — E-MAIL ADDRESS — IN CASE OF EMERGENCY (NAME, CELL NO. & ADDRESS)

FATHER (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)

MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME)

B. DEPENDENT(S)/BENEFICIARY(IES)

☐ Check this box if using additional sheet

SPOUSE (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) — DATE OF BIRTH (MM-DD-YYYY)

CHILDREN (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) — DATE OF BIRTH (MM-DD-YYYY)

1.
2.
3.
4.
5.

OTHER BENEFICIARIES (if without spouse & child and parents are both deceased) (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX) — RELATIONSHIP — DATE OF BIRTH (MM-DD-YYYY)

1. Tiburcio Jocelyn Stepchild 01-19-2010
2. Stepchild 12-12-2002

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

SELF-EMPLOYED (SE)
Profession/Business
Year Prof/Business Started
Monthly Earnings ₱

OVERSEAS FILIPINO WORKER (OFW)
Foreign Address
Monthly Earnings ₱
Are you applying for membership in the Flex-Fund Program? ☐ YES ☐ NO

NON-WORKING SPOUSE (NWS)
SS No./Common Reference No. of Working Spouse
Monthly Income of Working Spouse (₱)
(Check if this is the same as the spouse's main employer 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, thumb preferred, then SSS personnel)

Registrant is required to affix fingerprints.

RIGHT THUMB — RIGHT INDEX

Albert J. Colido — PRINTED NAME — SIGNATURE — 02/15/2012 DATE

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE) — WORKING SPOUSE'S MSC (FOR NWS) — RECEIVED BY (REPRESENTATIVE OF CORPORATION/AGENT) — RECEIVED & PROCESSED BY (SSS BRANCH/SERVICE OFFICE/DIVISION/UNIT)

MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) ₱ — APPROVED SSL (FOR SE/OFW/NWS) ₱ — SIGNATURE OVER PRINTED NAME — DATE & TIME — SIGNATURE OVER PRINTED NAME — DATE & TIME

START OF PAYMENT (FOR SE/NWS) — FLEX FUND APPLICATION (FOR OFW) ☐ Approved ☐ Disapproved — REVIEWED BY (SSS BRANCH/SERVICE OFFICE) ROALD S. CAMILON — SIGNATURE OVER PRINTED NAME — DATE & TIME